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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lot 9 Oak Grove, LLC	(.11'1''', 6'		
(Name of Limit	ted Liability Company)		
The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are subliability company to transact business in Florida			
Please return all correspondence concerning this ma	atter to the following:		
C. Delbert Hosemann,	Jr		
(Nam	ne of Person)		
Phelps Dunbar, LLP			
(Firm	n/Company)		
P.O. Box 23066			
(4	Address)		
Jackson, MS 39225	ASE 255		
(City/Sta	te and Zip Code)	E B	
For further information concerning this matter, plea	use call:		
C. Delbert Hosemann, Jr.	_at (601) 624-3333	المعمدة	
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
409 E. Gaines Street	P.O. Box 6327		
Tallahassee, Florida 32399	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of \$	☐ \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy of Status & Cer	ificate tified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lot 9 Oak Grove, LLC	
(Name of Foreign Li	Limited Liability Company)
Mississippi (Jurisdiction under the law of which foreign limited lia company is organized)	3. 20-2504901 (FEI number, if applicable)
March 16, 2005 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted busines (See sections 608.501 & 608.5	ess in Florida, if prior to registration.) .502 F.S. to determine penalty liability)
111 E. Capitol Street	·
Jackson, MS 39201	
(Street A	Address of Principal Office)
. If limited liability company is a manager-man. The name and usual business addresses of the	he managing members or managers are as follows:
C. Delbert Hosemann, Jr	一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
P.O. Box 23066	- SSS J
Jackson, MS 39225-3066	
	,
	or an authorized representative of a member.
	ies of perjury that the facts stated herein are true.)
C. Delbert Hosemann, Jr.	
Typed or p	printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Li	ability Company is:		
Lot 9 Oak Grov	ve, LLC	• • •		
2. The name	and the Florida st	treet address of the registered agent and office are:		
	Dennis E. Man	elli		
		(Name)		
	100 Ashley Driv	ve, Suite 1900		
	Flo	orida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tampa,	FL 33602-5311		
		City/State/Zip	SEC 2	
liability compo agent and agre relating to the	my at the place de ee to act in this ca proper and comp	ed agent and to accept service of process for the above statesignated in this certificate, I hereby accept the appointment pacity. I further agree to comply with the provisions of a lete performance of my duties, and I am familiar with analystered agent as provided for in Chapter 608, Florida States	ent as registered Il stalutes I accept the	3 3

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

LOT 9 OAK GROVE, LLC

Formed March 30, 2005

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

111 E. CAPITOL ST. SUITE 600 P.O. BOX 23066 JACKSON MS 39225-3066

and that the registered agent at that address is:

HOSEMANN, C. DELBERT, JR.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SE OFFICIAL SE

Given under my hand and seal of office April 5, 2005

Tric Clark

ERIC CLARK
Secretary of State

Certification Number: 7080013-1 Page 1 of 1 Reference: delbert hosemann-tj Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify