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Certified Copies	Certificates	s of Status
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

itects PLIC olar SUBJECT: (Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

(Name of Person) at (228) 872.2598 (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & ☑ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified 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:

1.	Tolar Le Batars Denmark Aechitects PLLE, (Name of Foreign Limited Liability Company)	
2.	(Jurisdiction under the law of which foreign limited liability 3. 27-0013388 (FEI number, if applicable)	
4	company is organized)	
4.	(Date of Organization) 5. <u>Ter petual</u> Fig. G. (Duration: Year limited liability company-will cease to	-
	(Date of Organization) (Duration: Year limited liability company-will cease to exist or "perpetual")	5 5
6.	None Ast 23	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.		-
1.		
	Cean Springs, Ms 39564	

- 8. If limited liability company is a manager-managed company, check here
- 9. The name and usual business addresses of the managing members or managers are as follows:

Ms 024 DRIDAS sun cean 624ean

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: ____

techntecture Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Jolar sc e Typed or 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 Liability Company is:

Aechitects. PLLC ataro alap en Mark 2. The name and the Florida street address of the registered agent and office are: olar amelia lane ထ္ Florida Street Address (P.O. Box NOT ACCEPTABLE) 32459

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dufies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

- \$ 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 corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify as follows:

That on May 31, 2002, the State of Mississippi issued Professional Limited Liability Company charter of incorporation to TOLAR LEBATARD DENMARK ARCHITECTS, P.L.L.C..

That insofar as the records of this office are concerned, the said TOLAR LEBATARD DENMARK ARCHITECTS, P.L.L.C. is in good standing at this time.



Given under my hand and seal of office July 12, 2005

Eric Clark

ERIC CLARK Secretary of State

Certification Number: 7282977-1 Page 1 of 1 Reference: BS- Lynda Gage Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify