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05 SEP 26 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CORTEZ LYKES ASSOCIATES, LLC  
(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:

MICHAEL J. KIERZYNSKI  
(Name of Person)

KIERZYNSKI & ASSOCIATES, C.P.A., P.A.  
(Firm/Company)

5143 COMMERCIAL WAY  
(Address)

SPRING HILL, FL 34606  
(City/State and Zip Code)

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For further information concerning this matter, please call:

MICHAEL J. KIERZYNSKI at ( 352 ) 597-2800  
(Name of Person) (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 & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 29, 2005

MICHAEL J. KIERZYNSKI  
5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

SUBJECT: CORTEZ LYKES ASSOCIATES, LLC  
Ref. Number: W05000031814

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TALLAHASSEE, FLORIDA

We have received your document for CORTEZ LYKES ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 905A00043933

*Memo from*

KIERZYNSKI & ASSOCIATES  
CERTIFIED PUBLIC ACCOUNTANT, P.A.  
5143 COMMERCIAL WAY  
SPRING HILL, FLORIDA 34606  
TELEPHONE (352) 597-2800  
FAX (352) 596-2656

TO LEE RIVERS

DIVISION OF CORPORATIONS  
POST OFFICE BOX 6327  
TALLAHASSEE, FL 32314

DATE SEPTEMBER 21, 2005

FILED  
05 SEP 26 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

SUBJECT CORTEZ LYKES ASSOCIATES, LLC, W05000031814

IN ACCORDANCE WITH YOUR REQUEST OF JUNE 29, 2005, PLEASE FIND ENCLOSED THE  
CERTIFICATE OF EXISTENCE. WE APOLOGIZE FOR ANY INCONVENIENCE CAUSED AND  
DO NOT WISH OUR FILING BE ABANDONED. THANK YOU.

ENCLOSURES

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

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

1. CORTEZ LYKES ASSOCIATES, LLC  
(Name of Foreign Limited Liability Company)
2. DELAWARE 3. 20-3028558  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 04/18/05 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 05/01/05  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. POST OFFICE BOX 26293, TAMPA, FL 33623  
(Street Address of Principal Office)

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:

MARY BETH REED

POST OFFICE BOX 26293

TAMPA, FL 33623

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: \_\_\_\_\_

REAL ESTATE INVESTMENTS

x. Mary Beth Reed

Signature of a member or 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.)

MARY BETH REED

Typed or printed name of signee

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**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:

CORTEZ LYKES ASSOCIATES, LLC

2. The name and the Florida street address of the registered agent and office are:

MICHAEL J. KIERZYNSKI

(Name)

5143 COMMERCIAL WAY

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

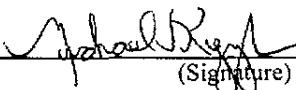
SPRING HILL

FL

34606

City/State/Zip

*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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

  
(Signature)

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

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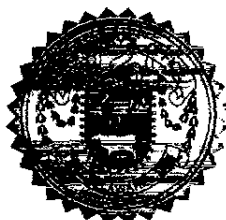
# Delaware

*The First State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORTEZ LYKES ASSOCIATES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2005.

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TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3956634 8300

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AUTHENTICATION: 4054724

DATE: 07-28-05