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(Req	uestor's Name)			
(AbdA)	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: CROSS KEY LAND, LLC	
	Liability Company)
The enclosed "Application by Foreign Limited Liabili Florida," Certificate of Existence, and check are subm liability company to transact business in Florida	ty Company for Authorization to Transact Business in itted to register the above referenced foreign limited
Please return all correspondence concerning this matter	er to the following:
Sula McAuley, Attorney	
(Name	of Person)
McNeese Law Firm	
(Firm/C	Company)
36468 Emerald Coast Pky	vy #1201
(Ac	idress)
Destin, FL 32541	
(City/State a	and Zip Code)
For further information concerning this matter, please	call:
Sula McAuley	at (850) 337-4200
(Name of Person)	(Area Code & Daytime Telephone Number)
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 D C C C C C C C C C C C C C C C C C C	ivision of Corporations lifton Building Executive Center Circle allahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \\$125.00 \text{ Filing Fee} \Bigsim \\$130.00 Filing Fee & Boundary Certificate of State of St	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate us 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.	Cross Key Land, LLC (Name of Foreign Limited Liability Company)	<u></u> .
	Mississippi (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	<u> </u>
4.	8/27/2004 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease exist or "perpetual")	to
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	SECRET!
7.	112 Sheffield Loop	<u>' </u>
	Hattiesburg (Street Address of Principal Office)	FSTATI
8.	If limited liability company is a manager-managed company, check here	OHS.
9.	. The name and usual business addresses of the managing members or managers are as follows:	
	York Properties, LLC	
	112 Sheffield Loop	
	Hattiesburg MS 39402	
the). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language anslation of the certificate under eath of the translator must be submitted.)	
11	1. Nature of business or purposes to be conducted or promoted in Florida: Real estate investme	ent .
	and all other lawful business	• ~ -
	Southern	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), R.S., the execution of this document constitutes an affirmation under the penalties of periory that the facts stated herein are true.)	

Typed or printed name of signee

Sula McAuley, Attorney

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:

Cross k	(ev L	₋and,	LL	С
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2. The name and the Florida street address of the registered agent and office are:

Sula McAuley, Attorney at Law

(Name)

36468 Emerald Coast Pky, Suite 1201

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

Destin FL 32541

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)

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:

CROSS KEY LAND, LLC

Formed August 27, 2004

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:

309 S 40TH AVENUE PO BOX15517 HATTIESBURG MS 39404-5517

and that the registered agent at that address is:

BLUMENTRITT, MARY DEVER

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.

ARY OF SHEET STATES

Given under my hand and seal of office September 14, 2005

Tic Clark

ERIC CLARK Secretary of State

Certification Number: 7411951-1 Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/bussery/corp/yerify