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PICK-UP		WAIT	MAIL
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Certified Copies	_	Certificates of	f Status
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FILED

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SECRETARY OF STATE ORION

TRANSMITTAL LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: W. Airport Blvd. Sanford, 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:
Jay D. Robinson, Jr.
(Name of Person)
Scopelitis, Garvin, Light & Hanson, PC
(Firm/Company)
10 W. Market Street, Suite 1500
(Address)
Indianapolis, IN 46204-2968
(City/State and Zip Code)
For further information concerning this matter, please call:
Jay D. Robinson, Jr. (Name of Person) (Area Code & Daytime Telephone Number) (The Ether Appress)
(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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status

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:

(Name of Foreign Limite	ed Lia	ability Company)				
Delaware	3.	3, 20-3430462				
urisdiction under the law of which foreign limited liability ompany is organized)	ty .	(FEI number, if applicable)				
August 31, 2005	5.	perpetual				
(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")					
and the second s						
(Date first transacted business in (See sections 608.501 & 608.502)	Flor F.S. t	rida, if prior to registration.) to determine penalty liability)				
502 East Bridgers Avenue		. 3				
		<u> </u>				
Auburndale, FL 33823		The second of th				
(Street Addr	ess o	of Principal Office)				
		company, check here 🔽				
The name and usual business addresses of the m	iana _t	ging members or managers are as follows:				
	iana _t	ging members or managers are as follows:				
If limited liability company is a manager-manage. The name and usual business addresses of the manager and usual business addresses addresses of the manager and usual business addresses addre	ianaş	ging members or managers are as follows: 33823 Ale, FL 33823				
The name and usual business addresses of the manner of the	iana; , FL irnda 90 da copy	ging members or managers are as follows: 33823 ale, FL 33823 ale, FL 33823 also old, duly authenticated by the official lawing custody of is not acceptable. If the certificate is in a foreign language, itted)				
The name and usual business addresses of the management of the man	nanag e, FL urnda 90 da copy submi	ging members or managers are as follows: 33823 ale, FL 33823 ale, FL 33823 ale, FL 33823 ale of the certificate is in a foreign largeage, litted)				

Typed or printed name of signee

Robert Fox, Manager

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 C	ompany is:				-	
W. Airport Blvd. Sanford, LLC	<u> </u>					
2. The name and the Florida street add	ress of the registe	ered agent a	and office ar	re:	··· - ,	
Corporation Service Con	npany					
	(Name)					u i i e è d e i
1201 Hays Street						
Florida Street	t Address (P.O. Box	NOT ACCE	PTABLE)		•	*
Tallahassee	FL	32301	· -			
	City/State	/Zip	-	`		\$.a. \
Having been named as registered agent of liability company at the place designated agent and agree to act in this capacity. I relating to the proper and complete performs of my position as registered of the proper and complete performs of my position as registered of the proper and complete performs of my position as registered of the proper and complete performs of the proper are the proper agent of the proper and complete performs of the proper agent o	l in this certificate further agree to formance of my du	e, I hereby a comply with ties, and I a	accept the ap h the provision am familiar v	ppointme ons of all with and	nt as re I statute accept lute	egistered es the
Corporation Service Company By: (Signature) Vera Norris, Authorized Represe	entative .	1997 - 19		AHASSEE, FLORIDA	SEP 30 F 2. 3.	
\$ 100 \$.25	•	for Applic	eation stered Agen	ıt		

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

PAGE 3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "W. AIRPORT BLVD. SANFORD, 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 NINETEENTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "W. AIRPORT BLVD. SANFORD, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE



4023546 8300

Warriet Smith Windson Sagrana of Smea

DATE: 09-19-05

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4165157

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