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| | (Request | or's Name) | |
|-------------------------------------|--------------------|----------------|----------|
| | (Address) | | |
| | (Address) | :: | |
| | (City/State | e/Zip/Phone # | 9 |
| PICK-UP | | WAIT | MAIL |
| (| (Business | Entity Name |) |
| | (Docume: | nt Number) | ··· |
| Certified Copies | | Certificates o | f Status |
| Special Instructions | to Filing | Officer: | |
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FILED 2005 SEP 30 P 2: 42 SECRETARY CF ST/15/

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: New Kings Road Jacksonville, LLC | |
| | ed Liability Company) |
| | pility Company for Authorization to Transact Business in pemitted to register the above referenced foreign limited |
| Please return all correspondence concerning this ma | itter to the following: |
| Jay D. Robinson, Jr. | |
| (Nan | ne of Person) |
| Scopelitis, Garvin, Light & Hanson, PC | |
| (Fire | n/Company) |
| 10 W. Market Street, Suite 1500 | |
| | Address) |
| | = = == |
| Indianapolis, IN 46204-2968 | |
| (City/Sta | te and Zip Code) |
| For further information concerning this matter, plea | se call: |
| Jay D. Robinson, Jr. | _at (317) 637-1777 |
| (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 | ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate 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:

| New Kings Road J | acksonville, LLC |
|--|--|
| - | (Name of Foreign Limited Liability Company) |
| Delaware (Jurisdiction under the company is organize | the law of which foreign limited liability 3. 20-3434797 (FEI number, if applicable) |
| , August 31, 2005 (Date | of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| j | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 502 East Bridgers | Avenue |
| Auburndale, FL 3 | 3823 (Street Address of Principal Office) |
| 3. If limited liabilit | y company is a manager-managed company, check here 🗸 |
| | sual business addresses of the managing members or managers are as follows: East Bridgers Avenue, Auburndale, FL 33823 |
| | i, 502 East Bridgers Avenue, Aubumdale, FL 33823 |
| he jurisdiction under the ranslation of the certific | al certificate of existence, no more than 90 days old, duly authenticated by the official having ensionly of record alw of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a rate under oath of the translator must be submitted.) The second of the translator must be submitted.) The second of the translator must be submitted. The second of the translator must be submitted. The second of the translator must be submitted. The second of the translator must be submitted. |
| · | - Illiani |
| | Signature of a member or an authorized epresentative 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.) |
| | Robert Fox, Manager |
| | 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

| LORIDA. | TE OF |
|--|--|
| The name of the Limited Liability Company is: | |
| ew Kings Road Jacksonville, LLC | |
| The name and the Florida street address of the registered agent and office are: | |
| Corporation Service Company | |
| (Name) | |
| 1201 Hays Street | |
| Florida Street Address (P.O. Box. NOT ACCEPTABLE) | |
| Tallahassee FI 32301 City/State/Zip | |
| aving been named as registered agent and to accept service of process for the above state ability company at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the provisions of all plating to the proper and complete performance of my duties, and I am familiar with and a pligations of my position as registered agent as provided for in Chapter 608, Florida State of the properties of the properties of the properties of the provisions of my position as registered agent as provided for in Chapter 608, Florida State of the properties of the properties of the provisions of my position as registered agent as provided for in Chapter 608, Florida State of the properties of the provisions of my position as registered agent as provided for in Chapter 608, Florida State of the provision as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my position as registered agent as provided for in Chapter 608, Florida State of the provision of my posi | nt as registered statutes accept the |
| \$ 25.00 Designation of Registered Agent | |

Certified Copy (optional) 5.00 Certificate of Status (optional)

\$ 30.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW KINGS ROAD JACKSONVILLE, 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 "NEW KINGS ROAD JACKSONVILLE, 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



Farriet Smith Hindson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4165368

DATE: 09-19-05

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