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J. BRYAN MAR 2 2 2006

COVER LETTER

SUBJECT: _	Be	ginnings, LLC	
	(Name of	Limited Liability Company)	
Florida," Certif		Liability Company for Authorization to Transact Busine submitted to register the above referenced foreign linds.	
Please return al	ll correspondence concerning th	is matter to the following:	
	Geraldine Gan		
_		(Name of Person)	
	Saul Ewing LLP	ALLA	FILEU 55
<u></u>		(Firm/Company)	3 7
	or 4. 500 East Pratt Street, 9th	h Floor Tight	至って
_	,	(Address)	55
	Baltimore, MD 21202		
_		y/State and Zip Code)	
For further info	ormation concerning this matter	, please call:	
0 11		410 222 0/25	
Geraio	(Name of Person)	at (410) 332-8635 (Area Code & Daytime Telephone Number)	
N. W. A. P. F. Y		· · · · · ·	
	NG ADDRESS: n of Corporations	STREET ADDRESS: Division of Corporations	
P.O. Bo		Clifton Building	
	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	neck for the following amount: 00 Filing Fee \$\forall \square \forall 130.00 Filing Fe	·	

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TO: Registration Section

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Beginnings, LLC (Name of Foreign Limited Liability Company) 20-1087470 Maryland (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) May 5, 2004 perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 18 Caveswood Lane Owings Mills, MD 21117 (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: Marcia Lasky, 18 Caveswood Lane, Owings Mills, MD 21117 Brian Lusky, 18 Caveswood Lane, Owings Mills, MD 21117 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 investment 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.) Marcia Lasky Typed or printed name of signec

FLOST 9/04/05 CT Bysicin Orland

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:

CT Corporation System

(Signature)

Kathryn A. Widdoes, Assistant Secretary

2. The name and the Florida	street address of the registered agent and offic	ce are: FILLAHASSEE,
	C T Corporation System	量るこ
	(Name)	SSEE
	1200 South Pine Island Road	FEG.
F	lorida Street Address (P.O. Box NOT ACCEPTABLE)	DRIDA
	Plantation, Florida 33324	* i
	City/State/Zip	11 .
liability company at the place a agent and agree to act in this core relating to the proper and comp	red agent and to accept service of process for the lesignated in this certificate, I hereby accept the apacity. I further agree to comply with the pro- polete performance of my duties, and I am familing agistered agent as provided for in Chapter 608,	e appointment as registered visions of all statutes iar with and accept the

\$ 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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BEGINNINGS, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 14, 2006.

Paul B. Anderson Charter Division 2006 MAR 17 AM IO: 55



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097