MU6000002003

(Requestor's Name)
(Address)
(Address)
*
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
.Office Use Only



800065361818

02/17/06--01025--014 **160.00

ATTORNEYS' TI Requestor's Name 1965 Capital Circle NE Address		
Tallahassee, Fl 32308	8 850-222-2785 Phone #	(if known):
CORPORATION NAM	E(S) & DOCUMENT NUMBER(S),	(if known):
1- 9751 DELEGATES	DRIVE, LLC	Por so
2		
3-		
4-		
X Walk-in	Pick-up time ASAP	XXX Certified Copy
Mail-out	Will wait Photocopy X	Certificate of Status
NEW FILINGS Profit Non-Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/QUALIFICATION XXX Foreign Limited Partnership Reinstatement Trademark Other	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

February 17, 2006

ATTORNEYS' TITLE

TALLAHASSEE, FL

SUBJECT: 9751 DELEGATES DRIVE, LLC

Ref. Number: W06000008096

We have received your document for 9751 DELEGATES DRIVE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$160.00 payment.

We cannot accept the Certified Copy of the Certificate of Formation.

The certificate you must submit is called a STANDING CERTIFICATE in Delaware.

It will state that the company was organized in Delaware, and continues in active existence as of the date of the Certificate. The Certificate must be dated within the past 90 days.

An EXAMPLE of a Delaware Standing Certificate is attached.

Please return your document, along with 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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 406A00011627

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: 9751 DELEGATES DRIVE, LLC	¬
	ted Liability Company)
1, , , ,	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
MARVIN L. BEAMAN, JR	ne of Person) P.A. m/Company)
(Nar	ne of Person) ASSEE OF
MARVIN L. BEAMAN, JR.,	P.A.
(Fire	m/Company)
605 N. WYMORE ROAL	32
•	(Address)
WINTER PARK, FL 327	89
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
MARVIN L. BEAMAN, JR.	at (407_) 628-4200
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	□\$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:

1.	9751 DELEGATES DRIVE, LLC	
	(Name of Foreign Limited Liability Company)	
2.	DELAWARE 3, 20-3934122	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-
4.	JANUARY 24, 2006 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	•
6.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	77
7.	10305 East Calle Del Las Brisas, Scottsdale, Arizona 85255 定元 之	-
		'n
	(Street Address of Principal Office)	C
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:	
	John C. White and Cynthia L. White as Trustees of the John C. White and Cynthia L.	
	White 1989 Family Trust, As Amended	.
	10305 East Calle Del Las Brisas, Scottsdale, Arizona 85255	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)	ords in
11.	Nature of business or purposes to be conducted or promoted in Florida: OWNERSHIP, OPERA-	,
	TION, LEASE, AND MANAGEMENT OF REAL PROPERTY	
	Signature of a member or an authorized representative of a member.	

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.)

MARVIN L. BEAMAN, JR.

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	1. The name of the Limited Liability Company is:	

9751 Delegates Drive, LLC

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

Marvin L. Beaman, Jr., P.A.		
	(Name)	
605 N. Wymore R	oad	
Florida Street Ad	dress (P.O. Box NOT ACCEPTABLE)	
Winter Park	FL 32789	
	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)



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "9751 DELEGATES DRIVE, 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-FIFTH DAY OF MARCH, A.D. 2006.



Warriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4620039

DATE: 03-25-06

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