Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000099086 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : THE KIRWAN LAW FIRM

Account Number : 120020000151 : (407)210-6622 Phone

Fax Number ; (407)540-9484

FLORIDA/FOREIGN LIMITED LIABILITY CO. DIVISION OF CORPORATION

MIDWAY FINANCIAL, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0. |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN APR 1.4 2006

H060000990863

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:

1 MIDWAY FINANCIAL, LLC

| ur- | ame of foreign limited liability company) |
|---|--|
| Delaware | 3. 20-0133491 |
| Delaware (Jurisdiction under the law of which foreign li company is organized) | imited liability (FEI mumber, if applicable) |
| 417-106 | 5. 2050 |
| (Date of Organization) | (Duration: Year limited liability company will cease to |
| Upon qualification | 0 4 |
| (Date first transacted business | s in Florida. (See sections 608.501, 608.502, and 817.155; P.S.) |
| 1620 North SR 53 | PR |
| Madison, Florida 32340 | 5 |
| | (Street address of principal office) |
| If limited liability company is a mans | (Street address of principal office) ager-managed company, check here |
| The name and usual business address | ses of the managing members or managers are as follows: |
| James A. Chamblin | Janet S. Chamblin |
| 1620 North SR 53 | 1620 North SR 53 |
| Madison, Florida 32340 | Madison, Florida 32340 |
| | |
| . Attached is an original certificate of existence | , no more than 90 days old, duly authenticated by the official having custody of reco garized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translator must be submitted.) |
| Attached is an original certificate of existence, the jurisdiction under the law of which it is on translation of the certificate under oath oath oath oath oath oath oath oath | ganized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translator must be submitted.) |
| Attached is an original certificate of existence, the jurisdiction under the law of which it is or translation of the certificate under orth of the tanslation of the certificate under orth of the law of business or purposes to be All persons and entities are not an potice of the certificate. | ganized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translator must be submitted.) |

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.

| MIDWAY FINAN | | and the same of th | | | |
|---------------------|--------------------------|--|----------------------------------|------------|--------|
| 2. The name and the | ne Florida street addr | ess of the regi | stered agent and o | ffice are: | 2 10 |
| | ames A. Chamblin | | | | TO SEE |
| 1 | 620 North SR 53 | (Name) | | | 3 600 |
| M | Florida street adison | | ex <u>NOT</u> acceptable 2340 | | |
| | | (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 statules 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, F.S.

(Signature)

Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

Delaware

Trocopoo99086 3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARB, DO HEREBY CERTIFY "MIDWAY FINANCIAL, 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 TENTH DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "MIDWAY FINANCIAL, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

OR APR 13 AM 10: 11



Daniet Smith Hindson
Harrier Smith Windson, Socretary of State

AUTHENTICATION: 4656460

DATE: 04-10-06

060334361

4139297 8300E

H0600**00**990**6**6 3