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COVER LETTER

SUBJECT	Sovran Management Company, LLC		
		Limited Liability Company)	-
Florida," C		d Liability Company for Authorization to Toure submitted to register the above reference da	
Please retu	urn all correspondence concerning the	his matter to the following:	
	Traci Ann Mixson		
		(Name of Person)	
	Williams Mullen		owing st
		(Firm/Company)	HPR HPR
	222 Central Park Avenue, Suite 1700		OF APR 18 PH 1:54
		(Address)	PORA
	Virginia Beach, Va 23462		.54
	(Cit	ty/State and Zip Code)	
For further	information concerning this matter	r, please call:	
Tra	aci Ann Mixson	at (⁷⁵⁷) 473-5395	
	(Name of Person)	(Area Code & Daytime Telephone	Number)
MA	AILING ADDRESS:	STREET ADDRESS:	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

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:

Sovran Management Company, LLC (Name of Foreign Limited	Liability Company)
,	Enacting Company)
Virginia	3. <u>87-0766853</u>
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
A 11 t : 2006	5. Perpetual (Duration: Year limited liability company will cease to
. April 1 2 2006 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will ceased)
(Date of Organization)	exist or "perpetual")
	8
(Date first transacted business in F	Florida, if prior to registration.) S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S	S. to determine penalty hability)
3073 Horseshoe Drive South, Suite 100, Naples, FL 34104	
/Street Address	s of Principal Office)
(Billott Addies:	s of Frincipal Office)
. If limited liability company is a manager-managed	d company, check here 🗷
	<u> </u>
The name and usual business addresses of the mai	naging members or managers are as follows:
George P. Wagner, III 3073 Horseshoe Drive South, Suite	e 100 Nanies FI 34104
Conge 1. Wagner, 111 3073 Horseshoe Drive Bouth, Suite	5 100, Napies, 1 E 54104
Attached in an enisinal comifficate of enistance are used	then 00 does ald data and activity throat complete the
	e than 90 days old, duly authenticated by the official having that it is organized. (A photocopy is not acceptable. If the certing
in a foreign language, a translation of the certificate	
m a roroigh language, a translation or the boxumeta	o and of the translator mast to submitted.)
1. Nature of business or purposes to be conducted o	or promoted in Florida: Provide management services
• •	•
Men Pulmul	67.
Simple Sim	
	uthorized representative of a member. F.S., the execution of this document constitutes
	rjury that the facts stated herein are true.)
George P. Wagner, III	

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.

I. The name of the Limited Liability Company is:	
Sovran Management Company, LLC	
2. The name and the Florida street address of the registered agent and office are:	0145
C T Corporation System	OS APR
(Name)	70 955
1200 South Pine Island Road	PA DES
Florida Street Address (P.O. Box NOT ACCEPTABLE)	- 3
71	24 088
Plantation, Florida 33324 City/State/Zip	
City/State/2tp	

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.

By: Signature Asst. Sec

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Sovran Management Company, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of April 12, 2006.

As of the date below, articles of cancellation have not been filed in this office by Sovran Management Company, LLC, a Virginia limited liability company.

Nothing more is hereby certified.

DIVISION OF CORPORATIONS
OF APR 18 PM 1:54



Signed and Sealed at Richmond on this Date: April 13, 2006

Joel H. Peck, Clerk of the Commission