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SECRETARY OF STATE FLORIDA

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: LCG Transportation, LLC	ited Liability Company)	
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida	bility Company for Authorization to Transact B	
Please return all correspondence concerning this m	atter to the following:	
Leo J. Salvatori		
(Na	me of Person)	
Salvatori & Wood, PL		
(Fir	m/Company)	
4001 Tamiami Trail Nor		
	(Address)	
Naples, FL 34103		
(City/Sta	ate and Zip Code)	
For further information concerning this matter, plea	ate and Zip Code) LLAHASSE ase call:	
Shelley Carini-Napier	at (_239) 263-1480	
(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: \$\Bigsim \frac{1}{2}\$125.00 Filing Fee & Certificate of the following amount: \$\Bigsim \frac{1}{2}\$130.00 Filing Fee & Certificate of the following amount:	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Ce Status Certified Copy of Status & C	

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. LCG Transportation, LLC	
(Name of Foreign Limited	Liability Company)
2. Delaware	3. 37-1227988
(Jurisdiction under the law of which foreign limited liability company is organized)	
_{4.} 4/22/2002	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in F	lorida, if prior to registration.)
(See sections 608.501 & 608.502 F.	S. to determine penalty liability)
_{7.} 4001 Tamiami Trail North, Suite 350, N	laples, FL 34103
(Street Address	ss of Principal Office)
8. If limited liability company is a manager-manage	a company, check here [v]
9. The name and usual business addresses of the ma	inaging members or managers are as follows:
TCL Realty, Inc., an Illinois corporation, 40	001 Tamiami Trail North, Suite 350, Naples,
FL 34103	
1 2 0 7 100	
	Od and the standing the efficient of the ef
10. Attached is an original certificate of existence, no more than 9	O days old, duly alline licated by the official maying custody of records i
the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be su	opy is not acceptable. If the certificate is in a foreign ariginage, a submitted
translation of the certificate under caur of the translator must be su	OTILILICAL.)
11 Nature of business or nurnoses to be conducted	or promoted in Florida: Any and all lawful business
11. Nature of ourmess of purposes to be evillation	-n '' O (-)
	ω
	09
	authorized representative of a member. F.S., the execution of this document constitutes
an affirmation under the penalties of pe	erjury that the facts stated herein are true.)
Leo J. Salvatori, Esq., A	authorized Representative

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.

O DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF	
LORIDA.	

1.	The name	of the	Limited	Liability	Company	is
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LOG Hansbortation, LL	L	CG	Trans	portation	. L	L(3
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2. The name and the Florida street address of the registered agent and office are:

CT Corporation Sy	vstem
	(Name)
1200 South Pine	Island Road
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)
Plantation	_{FL} 33324
	City/State/Zin

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.

PETER F. SOUZA

ASSISTANT SECRETARY
(Signature)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LCG TRANSPORTATION, 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-SIXTH DAY OF MAY, A.D. 2006.

2006 JUN -1 P 3: 09

SECRETARY OF STATE
ANASSEF, FLORIDA



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4778013

DATE: 05-26-06

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