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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

JUN 2 3 2006

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: SDI OF SPRING HILL FL, LLC					
(Name of Limited Liability Company)					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please return all correspondence concerning this matter to the following:					
Sharon Clark					
(N	ame of Person)				
Brunini, Grantham, Grower & Hewes, PLLC					
(F	irm/Company)				
Post Office Drawer 119					
	(Address)				
Jackson, MS 39205					
(City/S	tate and Zip Code)				
For further information concerning this matter, please call:					
Sharon Clark (Name of Person)	at (601) 973-8706 (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: \$\Bigsiz \frac{1}{2}\$125.00 Filing Fee Isomorphisms Fee & Isomorphisms Fee & Isomorphisms Isomorphisms Fee & Isomorphisms Fee, Certificate Copy of Status & Certified Copy **Certificate of Status** **Certified Copy** **The control of Status & Certified Copy** **The control					

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. SDI o	f Spring Hill FL, LLC			
	(Name of Foreign Limite	ed Li	ability Company)	
_{2.} Missis	sippi	3.		
(Jurisdict	tion under the law of which foreign limited liability is organized)	ly .	(FEI number, if applicable)	
4. April	28, 2006	5.	Perpetual	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6				
	(Date first transacted business in (See sections 608.501 & 608.502)	F.S.	rida, if prior to registration.) to determine penalty liability)	
7. 425 (Christine Drive		1 S 0	
Ridge	eland, MS 39157		CRE LLAH	
	(Street Addr	ess o	f Principal Office)	끋
8. If limi	ted liability company is a manager-manag	ged (company, check here	m O
9. The na	ame and usual business addresses of the m	nana	ging members or managers are as follo	
Rona	ald G. McClain, Post Office Box 2128	8, F	© ∏	
		•		
				
10 Attache	ed is an original certificate of existence no more than	90 d	ays old, duly authenticated by the official having custody of recor	ds i
	•		is not acceptable. If the certificate is in a foreign language, a	
translation of	of the certificate under oath of the translator must be s	ubm	itted.)	
11. Natu	re of business or purposes to be conducted	d or	promoted in Florida: own and operate	
resta	nurants			
	Rebet W.		/ Juntar	
			horized representative of a member.	
			5., the execution of this document constitutes ry that the facts stated herein are true.)	

Robert D. Drinkwater, 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.

1. The nan	e of the Limited Liability Co	mpany is:	
SDI of	Spring Hill FL, LLC		
2. The nan	e and the Florida street addre	ess of the registered agent and office are:	06 SE TAI
	Curtis Hare		
		(Name)	JUN 22 JUN 22 CRETAR LAHASS
	2721 Huntington		
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	HOJ-1-101-1-101-1-101-1-101-101-101-101-10
	Sarasota	FL 34232	: 55 FATE ORIDA.
		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)

State of Mississippi

Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

SDI OF SPRING HILL FL, LLC

Formed April 28, 2006

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

425 CHRISTINE DRIVE PO BOX 2128 RIDGELAND MS 39158

and that the registered agent at that address is:

MCCLAIN, RONALD G

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

STATE OF STATE OF MISS

Given under my hand and seal of office June 12, 2006

Tric Clark

ERIC CLARK Secretary of State

Certification Number: 8030555-1 Page 1 of 1 Reference: Sharon Clark - NHM Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify