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From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092						
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	1. Bogsecour Development Parmers, LLC						
	(Name of Foreign Limited Liability Company)						
-	Georgia 3. 20-5072654 (furisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)						
4.	June 22, 2006 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")						
5.	Upon registration. (Date first transacted business in Florida, if prior to registration.)						
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)						
7	2871 Mabry Road						
	Atlants, Georgia 30319						
	(Street Address of Principal Office)						
3.	If limited liability company is a manager-managed company, check here 🗷						
₹.	The name and usual business addresses of the managing members or managers are as follows: $\frac{1}{3}$						
	Marty Jones						
	2871 Mabry Road						
	Atlanta, Georgia 30319						

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: ____

Real citate development	zt
•	Signature of a member or an authorized representative of a member. In Fact
	Signature of a member or an authorized representative of a member. In fact (In accordance with section 608.408(3), F.S., the execution of this documant constitutes an affirmation under the penalties of perjury that the facts stated herein are muc.)
	W. Harrison Coleman, Jr., Esq.
	Typed or printed name of signee W. Harrison Coleman, JR.

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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 name of the Limited Liability Company is:

Bonsecour Development Partners, LLC

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

CT Corporation System (Name)

1200 South Pite Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)

> Plantation, Florida 33324 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.

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.90 Certificate of Status (optional)

