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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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2006 JUL -3 PM 2: 28
SECRETARY OF STATE
ARIDA

M86-3718

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Key West GSA, LLC (Name	of Limited Liability Company)	
	ited Liability Company for Authorization to Tek are submitted to register the above reference orida	
Please return all correspondence concerning	g this matter to the following:	
Jim Kuyk		<u> </u>
	(Name of Person)	2006 JUL -3 SECRETAR)
Grant & Kuyk, PC		IL-3 PH STARY OF SHASSEE, FL
	(Firm/Company)	[11] \text{Var}
171 Church Street	, Suite 260	PM 2: 28 OF STATE E, FLORID
	(Address)	
Charleston, SC 29	9401	
	(City/State and Zip Code)	
For further information concerning this ma	tter, please call:	
Jim Kuyk (Name of Person)	at (843) 723-5200 (Area Code & Daytime Telephon	e Number)
,		ie ivaniber)
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amou \$\Boxed{125.00}\$ \text{Filing Fee} \Boxed{130.00}\$ \text{Filing} Cert	g Fee & □\$155.00 Filing Fee & ☑\$160.00 Fil	ling Fee, Certificate Status & Certified Copy

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:

I. Key West GSA, LLC				
(Name of Foreign Limited Liability Company)				
2. South Carolina (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-21128	(FEI number, if applicable)			
4. 12/29/2004 5. 12/31/2 (Date of Organization) 5. (Duration: exist or "pe	Year limited liability company will cease to			
6. n/a (Date first transacted business in Florida, if prior to	200 TAL			
(See sections 608.501 & 608.502 F.S. to determine po	enalty liability)			
7. 2 Wharfside Street, Suite 20	ASSEC PL			
Charleston, SC 29401				
(Street Address of Principal Off				
8. If limited liability company is a manager-managed company, ch	neck here ✓ 5H 28			
9. The name and usual business addresses of the managing member	ers or managers are as follows:			
John E. McGrath, 2 Wharfside Street, Suite 20, Charle	eston, SC 29401			
Danielle Kiely, 711 S. Howard Avenue, Suite 200, Ta	ampa, FL 33606			
	,			
10. Attached is an original certificate of existence, no more than 90 days old, duly authe jurisdiction under the law of which it is organized. (A photocopy is not acceptable translation of the certificate under oath of the translator must be submitted.)				
11. Nature of business or purposes to be conducted or promoted in	n Florida: To engage in real estate			
ownership and investment.				
Di				
Signature of a member or an authorized repr (In accordance with section 608.408(3), F.S. the execution an affirmation under the penalties of perjury that the facts	of this document constitutes			
Danielle Kiely				
Typed or printed name of sig	nee			

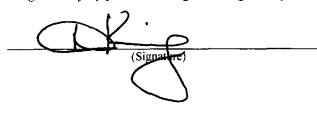
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:

Key West GSA, LLC	75 P	
2. The name and the Florida street address of the registered agent and office are:	06 JUL -3 ECRETARY LLAHASSE	T
Danielle Kiely	س ⇔اسا	
(Name)	可の手	i. see .
711 S. Howard Avenue, Suite 200	Z: 28 TATE ORIDA	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tampa, _{FL} 33606		
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)
\$ 5.00	Certificate of Status (ontional)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

KEY WEST GSA, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 29th, 2004, with a duration that is until December 31st, 2050, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 27th day of June, 2006.

Mark Hammond, Secretary of State