| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (0) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: South Lounil - (Name of | Limited Liability Company) |
| | d Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited da |
| Please return all correspondence concerning the | his matter to the following: |
| Jason R. 1 | (Name of Person) |
| | (Name of Person) |
| | (Firm/Company) |
| | (Firm/Company) |
| 12500 State Row | <u>/e /24</u> (Address) |
| • | |
| Piketon, OH | 4566/ ty/State and Zip Code) |
| , (Ci | ry/State and Zip Code) |
| For further information concerning this matter | , please call: |
| Juson R. Walls (Name of Person) | at (740) 493 - 1598 (Area Code & Daytime Telephone Number) |
| MAILING ADDRESS: | STREET ADDRESS: |
| Division of Corporations | 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 amount: \$\sum \\$125.00 \text{ Filing Fee} \square \\$130.00 \text{ Filing Fe} \text{ Certification} | ee & \$\int_\$155.00 Filing Fee & \$\int\$\$\$\$\$ \$\int\$ |

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: 3. (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: See a Hachment 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 outh of the translator must be submitted.) Sales and Service Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee

Jason R. Walls 12500 State Route 124 Piketon, OH 45661

Anthony Montgomery 12500 State Route 124 Piketon, OH 45661

Rebecca Seymour 12500 State Route 124 Piketon, OH 45661

Todd Montgomery 12500 State Route 124 Piketon, OH 45661

Skid Montgomery 12500 State Route 124 Piketon, OH 45661

CERTIFICATE OF DEST REGISTERED AGENT/REC

".TION OF ERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.4 3 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. | 1. The name of the Limited Liability Company is: | | |
|----|---|--|--|
| | South bound - Walls, LLC | | |
| 2. | The name and the Florida street address of the registered agent and office are: | | |
| | Shelley Parker (Name) | | |
| | 9429 Burlington Place Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| | Boca Rato, FL 33434 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.

Shelly Parker (Signature)

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

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show SOUTHBOUND - WALLS, LLC, an Ohio Limited Liability Company, Registration Number 1623563, was organized within the State of Ohio on May 17, 2006, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of June, A.D. 2006

Ohio Secretary of State

Validation Number: V2006179J19114