(Requestor's Name)
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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Greene Investment Properties I	
(Name of Lim	ited Liability Company)
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are suliability company to transact business in Florida	ability Company for Authorization to Transact Business in ubmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	natter to the following:
G. Boone Smith, III	
(Na	ime of Person)
Smith, Hawkins, Hollingswo	200 SE TAL
P. O. Box 6495	
	(Address) Carlo
Macon, GA 31208-6495	
	ate and Zip Code)
For further information concerning this matter, ple	ase call:
Robert H. Wall	at (_478) 743-4436
(Name of Person)	(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 \frac{1}{2}\$125.00 Filing Fee \$\sum \frac{1}{2}\$130.00 Filing Fee \$\text{Certificate of } \text{Certificate of } Certificate	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate

## 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. Greene Investment Properties I, LLC (Name of Foreign Limited Liability Company)	
2. Georgia 3. N/A	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
<sub>4.</sub> June 28, 2006 <sub>5.</sub> Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	7
<sub>6.</sub> July 1, 2006	<del></del>
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 109 Rivoli Ridge Drive	_
Macon, GA 31210 ₹≤ ≥	•
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
6. If infined hability company is a manager-managed company, encor note	
9. The name and usual business addresses of the managing members or managers are as follows:	FILED
Sandra L. Greene	_ _
109 Rivoli Ridge Drive	<del></del>
Macon, GA 31210	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of 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: purchase and	_
development of real estate	,
Signature of a member of 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 ponalties of perjury that the facts stated herein are true.)	
Sandra L. Greene	
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 name of the Limited Liability Company is:

### Greene Investment Properties I, LLC

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

Destin	FL 32550 City/State/Zip	- CRID	ري ت	
D. a.P.	00570	E A	U	
Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	SSEI SSEI	<u>~</u>	m
	If Drive, Unit 1101	RETO	JE .	
	(Name)	SEC	1006	emilianis.
La Wanda Frye				

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.

Sa Wand a Signature)

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

Control No. 0649793

## STATE OF GEORGIA

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### GREENE INVESTMENT PROPERTIES I, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 06/30/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 27th day of July, 2006

Cathy Cox Secretary of State

Certification Number: 204189-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp