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SECRETARY OF STATE STATE OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & D Abita Springs, LLC (Name of Lim	ited Liability Company)				
	ability Company for Authorization to Transact Business in abmitted to register the above referenced foreign limited				
Please return all correspondence concerning this m	natter to the following:				
T. Davis Gordon	D D				
(Name of Person)					
D & D Abita Springs, LLC	SECRETARY OF STATE OR AUG 22 AM II: 10				
(Firm/Company)					
P. O. Box 3226	T: C				
(Address)					
Gulfport, Mississippi	39505				
(City/St	ate and Zip Code)				
For further information concerning this matter, ple	ease call:				
Theresa Crawford	at (_228) 832-8302				
(Name of Person)	(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: □\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate or					

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:

D & D Abita Springs, LLC (Name of Foreign Lim	nited Lia	bility Company)	
Mississippi		20-5109415	
(Jurisdiction under the law of which foreign limited liab company is organized)	oility 3.	(FEI number, if applicable)	
May 9, 2006	5.	2036	
(Date of Organization)		(Duration: Year limited liability company will c exist or "perpetual")	cease to
None prior to registration			
(Date first transacted business (See sections 608.501 & 608.50	s in Flori 02 F.S. t	da, if prior to registration.) o determine penalty liability)	Q
15276 Dedeaux Road			06 I
Gulfport, Mississippi 39503			05 NUG 22
(Street Ac	ddress of	Principal Office)	2
3. If limited liability company is a manager-man	naged c	ompany, check here 🗸	2/2 AM 11: 10
9. The name and usual business addresses of the	e manag	ging members or managers are as follows:	5
T. Davis Gordon			<u>.</u>
P. O. Box 3226			
Gulfport, MS 39505			
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A phoraslation of the certificate under oath of the translator must be a constant.	otocopy	is not acceptable. If the certificate is in a foreign lang	•
11. Nature of business or purposes to be conduc	eted or	promoted in Florida:	
Real Estate Management and Investr	ment		
(In accordance with section 608.40	08(3), F.S	norized representative of a member. ., the execution of this document constitutes y that the facts stated herein are true.)	
T. Davis Gordon, Mar			

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:	
D & D Abita Springs, LLC	
2. The name and the Florida street address of the registered agent and office are:	DIVISION AL
Registered Agent Solutions, Inc.	SION OF CI
(Name)	22
1333 N. Duval Street	ANII:
Florida Street Address (P.O. Box NOT ACCEPTABLE)	10 Trons
Tallahassee, FL 32303	0,
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 (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:

D&D ABITA SPRINGS, LLC

Formed May 9, 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:

15276 DEDEAUX ROAD PO BOX 3226 GULFPORT MS 39505

and that the registered agent at that address is:

GORDON, T. DAVIS

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.



Given under my hand and seal of office May 24, 2006

Tic Clark

ERIC CLARK
Secretary of State

Certification Number: 7985451-1 Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify