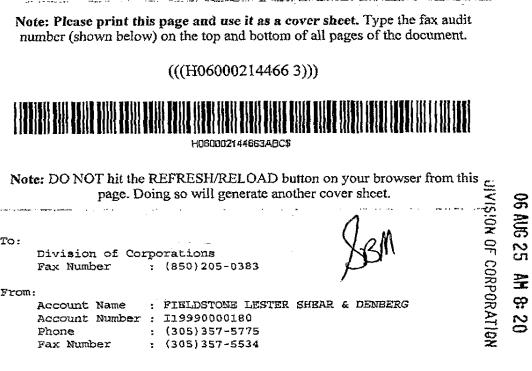
Division of Corporations Public Access System

Electronic Filing Cover Sheet

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To:

From:

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bray & Gillespie LLC LIV

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

(((11060002144663)))

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 603-503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

& Gillaspie LLC LIV	
(Name of Foreign Limited Liability Company)	
ware 3. (FEI number, if applicable) by is organized)	
18/06 (Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	ot :
(Date first transacted business in Florida, if prior to registration.)	
(See sections 608,501 & 608,502 F.S. to determine penalty liability)	\$
NORTH ATLANTIC AVENUE,	
YTONA BEACH, FLORIDA 32118	
(Street Address of Principal Office)	SS
nited liability company is a manager-managed company, check here	E P
name and usual business addresses of the managing members or managers are as follows:	CF STA
ARLES A. BRAY, 600 NORTH ATLANTIC AVENUE, DAYTONA BEACH FL 32118	
SEPH G. GILLESPIE, 600 NORTH ATLANTIC AVENUE, DAYTONA BEACH FL	32118
hed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of ction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language to of the certificate under outh of the translator must be submitted.)	3,8
ture of business or purposes to be conducted or promoted in Florida: Real Estate investme	<u>ents</u>
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 pure.)	·
CHARLES A. BRAY	

Typed or printed name of signee

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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.

The name of the Limited Liability Company is: Bray & Gillespie LLC LIV	
The name and the Florida street address of the registered agen	t and office are:
Charles A. Bray	
(Name)	. .
600 North Atlantic Avenue Florida Street Address (F.O. Box NOT ACCEPTABLE)	
Daytona Beach FI, 32118	}

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)

(((H06000214466 3)))

Delaware

PAGE 7

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BRAY & GILLESPIE LLC LIV" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JULY, A.D. 2006.



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060678295

Warriet Smith Mindson, Secretary of State

AUTHENTICATION: 4909446

DATE: 07-18-06