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DIVISION OF CORPORATIONS
OF STATE OF ST

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E.G. (DAN) BOONE

JEFFERY A. BOONE

STEPHEN K. BOONE

JOHN S. KODA

LAW OFFICES

BOONE, BOONE, BOONE, KODA & FROOK, P.A.

P. O. BOX 1596

VENICE, FLORIDA 34284

ESTABLISHED 1956

STREET ADDRESS: 1001 AVENIDA DEL CIRCO 34285

TELEPHONE (941) 488-6716

FAX (941) 488-7079 e-mail: adm@boone-law.com

MARGARET (PEGGY) S. FROOK

JAMES T. COLLINS, LAND PLANNER
(NOT A MEMBER OF THE FLORIDA BAR)

September 25, 2006

VIA FEDERAL EXPRESS

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

Fourth Quarter Properties 124, LLC; and

Fourth Quarter Properties 125, LLC

Dear Division:

Enclosed with regard to the above-referenced limited liability companies please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for each, together with the Certificates of Designation of Registered Agent/Registered Office, Certificates of Existence from the State of Georgia, and two (2) checks in the amount of \$125.00 each, for the filing fees.

If you have any questions, or need any additional information, please do not hesitate to call.

Kind regards.

Very truly yours,

Margaret (Peggy) S. Frook

psf

enclosures

cc: Mr. Lamar Maddox, without enclosures, via e-mail

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COVER LETTER

•	tration Section on of Corporations			
SUBJECT:	Fourth Quarter Properties 124	I, LLC		
	(Name of Li	mited Liability Company)		
Florida," Cert		iability Company for Authorization to Transac submitted to register the above referenced fore.		
Please return	all correspondence concerning this	matter to the following:		
	Marga	aret S. Frook	90 SI SI S	
	1)	Name of Person)	SECRE	
	Boone, Boone, Koda & Frook		OF CORRE	
	(I	Firm/Company)	STA DRA	
	1001 A	venido del Circo	ORPORATIONS PH 1: 48	
		(Address)		
	Venic	e, FL 34285	_	
	(City/	State and Zip Code)		
For further in	formation concerning this matter, p	elease call:		
	Peggy Frook	at (941) 488-6716		
	(Name of Person)	(Area Code & Daytime Telephone Num	_ iber)	
MAIL	LING ADDRESS:	STREET ADDRESS:		
	on of Corporations	of Corporations Division of Corporations		
	Box 6327	Clifton Building		
lallah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	check for the following amount:	_		
□\$125	5.00 Filing Fee \$130.00 Filing Fee Certificate		, Certificate & 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:

	Quarter Propertie	
(Name	of Foreign Limited Lia	bility Company)
Georgia	3	<u>_</u> 5 03-0605832
(Jurisdiction under the law of which fore company is organized)	ign limited liability	(EDI annular if applicable)
9/15/06	5.	Perpetual
(Date of Organization)		Perpetual (Duration: Year limited liability company will cease by exist or "perpetual")
. (Date first tran	sacted business in Flori	ida, if prior to registration.) o determine penalty liability)
(See sections 60	8.501 & 608.502 F.S. to	o determine penalty liability)
	45 Ansley D	Drive 골 양
	Newnan, GA	Orive 30263
		Principal Office)
 If limited liability company is a r The name and usual business add 	-	ompany, check here 🗸
	Stanley E. Thoma	as
	45 Ansley Drive	
	Newnan, GA 3	30263
he jurisdiction under the law of which it is or ranslation of the certificate under oath of the	rganized. (A photocopy translator must be submi	ays old, duly authenticated by the official having custody of record is not acceptable. If the certificate is in a foreign language, a itted.) promoted in Florida:
Real estate or other	r lawful purposes	8
	2)	<u> </u>
(In accordance w	ith section 608.408(3), F.S	horized representative of a member. 5 the execution of this document constitutes ry that the facts stated herein are true.)
	Stanley E. Th	omas, Manager
	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:	S 50 DIAISIU
Fourth Quarter Properties 124, LLC	EP 2
2. The name and the Florida street address of the registered agent and office	一
Margaret S. Frook, c/o Boone, Boone, Boone, (Name)	, Koda & Frook 5
1001 Avenido del Circo Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Venice FL 34285 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.

Margaret & Strong

\$ 100.00 \$ 25.00 \$ 30.00

5.00

Filing Fee for Application
Designation of Registered Agent
Certified Copy (optional)
Certificate of Status (optional)

Control No. 0557283

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

FOURTH QUARTER PROPERTIES 124, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 08/22/2005 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 21st day of September, 2006

Cathy Cox Secretary of State

Certification Number: 303970-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp