number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)205-0383

Account Name

: C T CORPORATION

Account Number : PCA000000023

Phone

(850) 222-1092

Fax Number

(850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Pride Construction, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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CT CORPORATION SYSTM

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

A SOURCE OF THE PROPERTY OF TH	ואביזישל	
IN COMPLANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ILI/OIV	
1. Pride Construction, LLC (Name of Foreign Limited Liability Company)		•
2. Tennessee (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		
company is organized) 4		
6(Date first transacted business in Florida, if prior to registration.) (See sections 508.501 & 608.502 P.S. to determine penalty liability)	. ~2	. 0
7. 1200 Big Ovange Road		SEV
Cordova, TN 380).8. (Street Address of Principal Office)	NOV 2	CRETAL ION OF
8. If limited liability company is a manager-managed company, check here	8 AM	OF CORPORATION
9. The name and usual business addresses of the managing members or managers are as follows:	Ö,	STAT
Ronald E. Stage	37	ONS E
1200 Big Orange Rd.		
Cordova, TN 38018		
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 ce is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	rtificate	:
11. Nature of business or purposes to be conducted or promoted in Florida:		
Construction		
Monald E. Com		
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 penaltics of perjury that the facts stated herein are true.)		
Typed or printed name of signed		

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 Constru	ompany is:		ž
2. The name and the Florida street addr	ress of the registered agent and office are:	' ≥	ی
	C T Corporation System	AON 900	SECF
· · ·	(Name))V 28	N OF C
	1200 South Pine Island Road	-	30 KG
Plorida Stress	t Address (P.O. Box NOT ACCEPTABLE)	=	POF S
		Ö	ÃĂ A
	Plantation, Florida 33324	37	TE
	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.

By: CT Corporation System

(Signature)

John J. Linnihan, Asst. Vice President

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

Secretary of State Division of Business Services

312 Eighth Avenue North 6th Floor, William R. Snodgress Tower Nashville, Tennessee 37243

TO: CFS 9191 HIGHWAY 100 NASHVILLE, TN 37221 ISSUANCE DATE: 11/2//2008 REQUEST NUMBER: 06391112 TELEPHONE CONTACT: (618) 741-6488

CHARTER/QUALIFICATION DATE: 11/04/2006 STATUS: ACTIVE CORPORATE EXPIRATION DATE: 12/31/2036

JURISOICTION: TENNESSEE

REQUESTED BY: 6761 HIGHMAY 100 NASHVILLE. TN 37221

CERTIFICATE OF EXISTENCE

1, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF CRMATION AND DURATION AS GIVEN ASSOCIATION AND DURATION AS GIVEN ASSOCIATION AND DURATION AS GIVEN ASSOCIATION TO THIS STATE WHICH AFFECT THE WITH HE WOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; HAY ABOVE SEEN FILED; HAY ABOVE SEEN FILED;

2006 NOV 28 AM 6: 27

FOR: REQUEST FOR CERTIFICATE

ON DATE: 11/27/08

FROM: CAPITAL FILING SERVICE (CFS) 161 HIGHWAY 100

OTAL PAYMENT RECEIVED:

RECEIVED:

\$0.00

NASHVILLE, TN 37221-0000

L PAYMENT RECEIVED:

\$320.00

RECEIPT NUMBER: ACCOUNT NUMBER:

00004032876



RILBY C. DARNELL SECRETARY OF STATE