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SECRETARY OF STATE DIVISION OF CORPORATIONS

#### **COVER LETTER**

10:	Division of Corporations	
SUBJ		
	(Name	e of Limited Liability Company)
Florid		nited Liability Company for Authorization to Transact Business in ck are submitted to register the above referenced foreign limited lorida
Please	return all correspondence concerning	g this matter to the following:
	Michael E. Jacobs	
		(Name of Person)
	Jampol, Schleicher	r, Jacobs & Papadakis, LLP
		(Firm/Company)
	<u>11625 Rainwater D</u>	cive, Suite 350
		(Address)
	Alpharetta, Georg	ia_30004
		(City/State and Zip Code)
For fu	ther information concerning this ma	tter, please call:
	Sherry Engle	at ( 678 ) 222-2131
	(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
	ed is a check for the following amou \$\Boxed{125.00}\$ \text{ Filing Fee} \times \\$\\$\$130.00 \text{ Filing}\$ Certi	

### 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

LIIVI	LIED EABLETT COMEANY TO TRANSACT DOSENESS IN THE STATE OF PROMER.	
1	IN Citrus Grove, LLC (Name of Foreign Limited Liability Company)	
_	(Name of Foreign Limited Liability Company)	
()	State of Georgia 3. 20-5934501  State of Georgia 3. 20-5934501 (FEI number, if applicable) (FEI number, if applicable)	
4	November 21, 2006  (Date of Organization)  5. pêrrpêtiüal  (Duration: Year limited liability company will cease to exist or "perpetual")	
6	No Business as of this date  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	4475 Rivergreen Parkway, Suite 100	
	Duluth, Georgia 30096	
•	(Street Address of Principal Office)	
<b>8.</b> ]	If limited liability company is a manager-managed company, check here XX	
9. 7	The name and usual business addresses of the managing members or managers are as follows:	
	Lee Najjar	
	4475 Rivergreen Parkway, Suite 100, Duluth, Georgia 30096	
he ji trans	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)	ds ir
11.	Nature of business or purposes to be conducted or promoted in Florida: Real Estate	
_	makae E but	
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408()), F.S., the execution of this document constitutes  an affirmation under the penalties of perjury that the facts stated herein are true.)	ş
	Michael E. Jacobs, Attorney	CRE
	Typed or printed name of signee	<u>-</u> -

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SECRETARY OF STATE DIVISION OF CORPORATION

## 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. 1	The name of the Limited Liability Company is:
	IN Citrus Grove, LIC
2. 1	The name and the Florida street address of the registered agent and office are:
	George Shami
	(Name)
	3651 Rogero Road Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Jacksonville, FL 32277
	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.

(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. 06100051

## 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

#### LN CITRUS GROVE, LLC

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

was formed or was authorized to transact business on 11/21/2006 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 20th day of December, 2006

Cathy Cox Secretary of State

Certification Number: 447448-1 Reference: 3000-149

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

DIVISION OF CORPORATIONS

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