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SECRETARY OF STATE DIVISION OF CORPORATIONS

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: WXTON AND ASSOCIATES, LLC			
	ed Liability Company)		
	ility Company for Authorization to Transact Business in mitted to register the above referenced foreign limited		
Please return all correspondence concerning this matter to the following:			
A. WILLIAM CLARK			
(Name of Person)			
CLARK & BELLAMY, P.C.			
(Firm	n/Company)		
POST OFFICE BOX 1997			
(,	Address)		
THOMASVILLE, GA 31799-1997			
(City/Stat	e and Zip Code)		
For further information concerning this matter, please call:			
A. WILLIAM CLARK	at ( 229 ) 228-5400		
(Name of Person)	(Area Code & Daytime Telephone Number)		
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:  \$\Bigsim \frac{1}{2} \frac{1}{2			

#### 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:

1. WXTON AND ASSOCIATES, LLC (Name of Foreign L	imited Lis	ability Company)		_
, ,		20-5457098		
STATE OF GEORGIA     (Jurisdiction under the law of which foreign limited licompany is organized)		(FEI number, if applicable)		
4. AUGUST 29, 2006 (Date of Organization)	5.	PERPETUAL  (Duration: Year limited liability company wi	ll cease to	_
6. N/A  (Date first transacted busine (See sections 608.501 & 608.	ess in Flor 502 F.S. 1	exist or "perpetual")  ida, if prior to registration.)		_
7. 19272 HIGHWAY 84 EAST				_
BOSTON, GA 31626 (Street A	Address o	f Principal Office)		
8. If limited liability company is a manager-ma	anaged o	company, check here		
9. The name and usual business addresses of the	he mana	ging members or managers are as follow	's:	
BRITT WETHERINGTON				_
abre			<u>.                                    </u>	_
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (Appraisalation of the certificate under oath of the translator must be supposed to be condu-	ohotocopy st be subm	is not acceptable. If the certificate is in a foreign litted.)	anguage, a	
MANAGEMENT		<u> </u>		<b>_</b> `
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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.

TO DESIGNATE A REGISTERE FLORIDA.	D OFFICE AND REGISTERED AGENT IN THE STATE OF	NT IN THE STATE OF	
1. The name of the Limited Liab	ility Company is:		
WXTON AND ASSOCIAT	ES, LLC		

2. The name and the Florida street address of the registered agent and office are:

HUGH TOMLINSON	
	(Name)
33849 BLUE STAR	HIGHWAY
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)
MIDWAY	FL <b>32343</b>
	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. 0670232

# 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

## WXTON AND ASSOCIATES, LLC

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

was formed or was authorized to transact business on 08/29/2006 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 October, 2006

Cathy Cox Secretary of State

Certification Number: 350759-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp SECRETARY OF STATE OF STATE OF CORPORATE OF