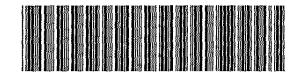
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#### **COVER LETTER**

CODORCI	Ramsai MacClenny, LLC	<u> </u>				
	(Name	e of Limited Liability Company)				
Florida," C		nited Liability Company for Authorization ck are submitted to register the above refer forida				
Please retu	rn all correspondence concernin	g this matter to the following:				
	Misty Mullinax					
	· · · · · · · · · · · · · · · · · · ·	(Name of Person)	•			
	H. Dennis Panter & Ass	ociates, LLC	A O			
	(Firm/Company)					
	1827 Powers Ferry Road	, Bldg 10, Ste 200	HASSE			
		(Address)	नित्र स			
	Atlanta, Georgia 30339		I:52			
	(6	City/State and Zip Code)				
For further is	nformation concerning this mat	ter, please call:				
Misty	Mullina <b>X</b>	at( 770 ) 951-5566				
<u></u> <u></u>	(Name of Person)	(Area Code & Daytime Teleph	one Number)			
MAI	LING ADDRESS:	STREET ADDRESS:				
	ion of Corporations	Division of Corporations				
	P.O. Box 6327 Clifton Building					
1919	hassee, FL 32314	2661 Executive Center Circle				

### 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. Ramsai MacClenny.	LLC	e e e e e e e e e e e e e e e e e e e	·		
	(Name of Foreign Limited Li	ability Company)			<del></del>
2 Georgia	3	20 0165222			
(Jurisdiction under the law of wh	int foreign limited linellin.	20-8165232	umber, if applicab	1-7	··
company is organized)	en foreign minied naturity	1121)	umoer, it applicate	ie)	
4. December 12, 2006	5.	2027			
(Date of Organizat	ion)	(Duration: Year lim	ited liability compa	iny will cease	to
		exist or "perpetual")			
6	st transacted business in Flori	da if prior to registrati	on )		
(See secti	ons 608.501 & 608.502 F.S. to	determine penalty lia	oil.) bility)		
		. ,	• ,		
7. 5450 McGinnis Villag	e Place, Suite 103				
Alpharetta, Georgia	30005			<u></u>	
	(Street Address of	Principal Office)	<del></del>	<del></del>	
		-		59 <u>-</u>	
3. If limited liability company	is a manager-managed co	mpany, check here	$\mathbf{x}$		4/9876/85
,	g		Make-1	<b>公王</b> 一	-
. The name and usual busines	e addresses of the manadi	no members or ma	nacers are as fo	King o	€.
. The hance and usual business	addresses of the managi	ng memoers or ma	nagers are as re	ルッ. 五 一点: 五	-
					* * *
5450 McGinnis Village	Place. Suie 103		<u> </u>	8	
44 4 4				<b>音音 5</b>	
Alpharetta, Georgia	30005	ta de la constantina	4	<u> </u>	
Deepak C. Ramchandan	<u></u>				_ :
<ol> <li>Attached is an original certificat</li> </ol>	e of existence, no more than	90 days old, duly aut	henticated by the	official havi	ng
istody of records in the jurisdiction					
in a foreign language, a transla					
10101g11 Intiguage, w tioning	· ·	the court of min mann	314101 111401 00 0	2022220000.7	
. Nature of business or purpos	es to be conducted or pro	moted in Florida:	Real Estate	Holding (	^~mn ==
. Ivature of ousmess of purpos	es to be conducted or pro	moteu m riomua.	TOTAL MARCHE	.nordring (	_ompa.
	<u> ::::::::::::::::::::::::::::::::::::</u>			<u> </u>	_*
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		<u>0.90</u>			
Signature	of a member or an author	ized representative	of a member.		
(In accordance	with section 608.408(3), F.S., th	e execution of this docum	ent constitutes		
an affirmation	under the penalties of perjury the	at the facts stated herein :	are true.)		
Deen	ak C. Ramchandani,	Manacor			
	Typed or printed nam	na of ciones		w.	
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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.

1. The name of the Limited Liability Company is:		
Ramsai MacClenny, LLC	<u> </u>	
2. The name and the Florida street address of the registered agent and office are:		
C T Corporation System	SECRE	O7 JAN
(Name)	HASSI	2
1200 South Pine Island Road	SEE F	3 11
Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE LORIDA	-: 52
Plantation, Florida 33324		
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.

CT Corporation System

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TARY

RACHEL T. HAYES ASSISTANT SECRETARY

\$ 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. 06106115

## 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, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of the hereby certify under the seal of my office that

#### RAMSAI MACCLENNY, LLC

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

was formed or was authorized to transact business on 12/12/2006 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 11th day of January, 2007

> Karen C Handel Secretary of State

faun Chandel

Certification Number: 483690-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp