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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: SCTERRY BAYSIDE PROPERTIES, LLC (Name of Limited Liability Company)				
	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited			
Please return all correspondence concerning this m	atter to the following:			
Blanche S. Berkowitz, NCCP				
(Na	me of Person)			
Schell Bray Aycock Abel & Livingston PLLC				
(Fir	m/Company)			
230 N. Elm Street, Suite 1500				
	(Address)			
Greensboro, NC 27401				
(City/Sta	ate and Zip Code)			
For further information concerning this matter, plea	ase call:			
Blanche S. Berkowitz	at (336) 370-8815			
(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			
Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{1}\\$ \$125.00 \text{ Filing Fee & Certificate of } \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Conv. of Status & Cartified Conv.			

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SCTERRY BAYSIDE PROPERTIES, LLC		
(Name of Foreign Limited Liability Company)	•	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	-	
4. January 9, 2007 (Date of Organization) 5 perpetual (Duration: Year limited liability company will cease to exist or "perpetual")		
6. N/A		
(Date first transacted business in Florida, if prior to registration.) (See sections 608 501 & 608 502 F.S. to determine penalty liability)	07 JAN 22	
7. 300 N. Greene Street, Suite 1000, Greensboro, NC 27401	2	
	22	
(Street Address of Principal Office)	. H	
8. If limited liability company is a manager-managed company, check here		
9. The name and usual business addresses of the managing members or managers are as follows:	7	
Robert A. Cox, Jr., Manager		
701 East Byrd Street, Richmond, Virginia 23219		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recipients of the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under each of the translator must be submitted.)	ords in	
11. Nature of business or purposes to be conducted or promoted in Florida:	٠	
Own, operate and manage a shopping center.	• .	
Red Store -		
Signature of a member or an authorized representative of a member (In accordance with section 608 408(3), FS, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)		
Robert A. Cox, Jr.		
Typed or printed name of signee		



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCTERRY BAYSIDE PROPERTIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2007.



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Darriet Smith Hindra

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5341533

DATE: 01-09-07

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.

The name of the Limited Liability Company is: SCTERRY BAYSIDE PROPERTIES, LLC				
2 The nar	ne and the Florida street addr	ess of the registered agent and office are:		
	Tim Cook	(Name)		
	1825 Ridgewood Florida Street	Avenue Address (P.O. Box NOT ACCEPTABLE)		
	Holly Hill	_{нт.} 32117		

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.

City/State/Zip

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)