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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ <u>C</u> ertificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	DSCONGDON BAYSIDE PROP		· . · · ·		ů.
	(Name of Limi	ited Liability Company)			
Florida," Cert		bility Company for Authorization to Tra bmitted to register the above referenced			
Please return	all correspondence concerning this m	atter to the following:			
	Blanche S. Berkowitz, NCC	CP	SE	07	
	(Nai	me of Person)	AH	S	
	Schell Bray Aycock Abel & Li		TARY O	122 PH	
	(Fire	m/Company)	S	ι;i ⊒ε	
	230 N. Elm Street, Suite	1500	3018iC	58	
		(Address)			
	Greensboro, NC 27401				
	(City/Sta	ate and Zip Code)			
For further in	formation concerning this matter, plea	ase call:			
Blan	che S. Berkowitz	_at (_336) 370-8815			
	(Name of Person)	(Area Code & Daytime Telephone	Number)	
MAII	LING ADDRESS:	STREET ADDRESS:			
Division of Corporations Division of Corporations					
	Box 6327	Clifton Building			
Taliah	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
	check for the following amount: 5.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Status Certified Copy of St	g Fee, Ce tatus & C		

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 DSCONGDON BAYSIDE PROPERTIES, LLC	
(Name of Foreign Limited Liability Company)	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4 January 9, 2007 (Date of Organization) 5 perpetual (Duration: Year limited liability company will cexist or "perpetual")	ease to
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)	
7. 300 N. Greene Street, Suite 1000, Greensboro, NC 27401	-
	SECRI
(Street Address of Principal Office)	JAN 22 AHASS
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:	1942 V
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 custo the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang translation of the certificate under eath of the translator must be submitted)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Own, operate and manage a shopping center.	
Robert A Can	
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 penaltics of perjury that the facts stated herein are true)	
Robert A. Cox, Jr.	

Typed or printed name of signee

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	e of the Limited Liability	Company is:	
DSCON	GDON BAYSIDE F	PROPERTIES, LLC	07
2. The name	e and the Florida street ad	dress of the registered agent and office are:	JAN 22 GRETARY LAHASS
	Tim Cook		
		(Name)	LOR 2:
	1825 Ridgewoo	od Avenue	SBATE 58
		eet Address (PO Box NOT ACCEPTABLE)	-
	Holly Hill	FL 32117	
	-	City/State/Zip	-
liability compagent and ag relating to th	pany at the place designate ree to act in this capacity e proper and complete per	t and to accept service of process for the above sed in this certificate, I hereby accept the appoints. I further agree to comply with the provisions of formance of my duties, and I am familiar with at a agent as provided for in Chapter 608, Florida S	ment as registered 'all statutes nd accept the

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DSCONGDON 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.



4281975 8300 070025394

Varriet Smith Windson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5341392

DATE: 01-09-07