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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Phil Martin &	Associates, LLC	
	imited Liability Company)	
The enclosed "Application by Foreign Limited Florida," Certificate of Existence, and check are liability company to transact business in Florida	submitted to register the above referenced fore	
Please return all correspondence concerning this	s matter to the following:	
Philip Mar	tin	
(Name of Person)	SECF VISIO)7 N/
Phil Martin &	Associates, LLC	SECRETARY VISION OF C D7 MAR 12
	Firm/Company)	ORPO
3190 Airport	Drive (Address)	AM 10: 51
	(Address)	- is
Gulf Shore	PS, AL 36542 /State and Zip Code)	
(City	/State and Zip Code)	
For further information concerning this matter,	please call:	
Philip Martin -or- Patrick Konval	línka at (251) 968-5745 (Area Code & Daytime Telephone Num	_
(Name of Person)	(Area Code & Daytime Telephone Num	ıber)
MAILING ADDRESS: 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:		, Certificate & Certified Copy

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: Phil Martin & Associates, LLC (Name of Foreign Limited Liability Company) 20-0999595 Alabama (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) November, 07, 2003 December 31,2030 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Realstration Date (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3190 Airport Drive Gulf Shores, AL 36542 (Street Address of Principal Office) 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: 3190 Airport Drive, Gulf Shores, AL 36542 Philip J. Martin -10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: 10 purchase own manage operate and sell real property and to have all further general powers permitted to limited liability companies under the laws of the State of Florida. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Philip J. Martin

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:	
Phil Martin & Associates, LLC	
2. The name and the Florida street address of the registered agent and office are:	07 07
Philip J. Martin	HAR
(Name)	12
218 East Bearss Avenue Suite 409	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF STATE REPURATIONS AM 10: 51
Tampa FL 33613	– *S
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.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Phil Martin & Associates, L.L.C. organized in the office of the Judge of Probate of Baldwin County on November 7, 2003. I further certify that the records do not disclose that said Phil Martin & Associates, L.L.C. has been dissolved.

07 MAR 12 AM 10: 51



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

March 6, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State ³

