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SECRETARY OF STATE
TALL ABASSEE FLORING

COVER LETTER

_	istration Section sion of Corporations			
SUBJECT:	The Peter H. Wright-Clark Family			
	(Name of Lii	mited Liability Company)		
Florida," Ce		iability Company for Authorization to Tr submitted to register the above referenced.		
Please return all correspondence concerning this matter to the following:				
	James A. Arrowsmith		ASSA	NOT MAD 97
		Name of Person)	111 -	PMIN TO THE PMIN T
	Attorney at Law			7
	(F	Firm/Company)		
	2262 Gambel Oak Drive		·	
		(Address)		
	Sandy, UT 84092			
	(City/S	State and Zip Code)		
For further	information concerning this matter, p	elease call:		
Jar	nes A. Arrowsmith	at (_801) _553-0777		
	(Name of Person)	(Area Code & Daytime Telephone	Number)
МА	ILING ADDRESS:	STREET ADDRESS:		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tall	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	a check for the following amount: 125.00 Filing Fee \$\sqrt{\$130.00}\$ Filing Fee Certificate			rtificate ertified 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:

1. The Peter H. W	Vright-Clark Family LLC								
	(Name of Foreign L	imited L	iability (Company)					
2. Wyoming		3		16	` ー丿	781	423	3	
(Jurisdiction under company is organic	r the law of which foreign limited liazed)	ability	•	(F	El numb	781 er, if applic	able)		
4. February 22,	, 2005	5	205	5					
(Da	ate of Organization)		(Du	ration: Year t or "perpet	r limited ual")	liability con	npany will	cease t	ō
6. Following reg	yistration		•						
	(Date first transacted busine (See sections 608.501 & 608.	ss in Flo 502 F.S.	orida, if p to deter	rior to regi mine penal	stration.) ty liabilit	y)	SE TALI	07	
7. 20336 Hacier	nda Court						CRE	H	CARTERIAN S P
Boca Raton, f							NARY ASSE	27) Filtr
	(Street A	Address	of Princi	pal Office)			22	FH	
8. If limited liabi	ility company is a manager-ma	anaged	compa	ny, check	here 🗸		STATE LORID,	12: 07	Caret.
9. The name and	usual business addresses of th	ne man	aging n	nembers o	or mana	gers are a	s follows	:	
Peter H. Wrig	ht-Clark								
2600 North F	ish Creek Road, P. O. Box 1	35							
Wilson, WY	83014								_
the jurisdiction under	iginal certificate of existence, no more the law of which it is organized. (A p ificate under oath of the translator mus	hotocop	yisnota	•	-		_	•	
11. Nature of bus	siness or purposes to be condu	icted or	r promo	ted in Flo	orida: _	Ownershi	p and ren	tal of	
real property		,							<u>_</u> .
	Signature of a member of the section 608. (In accordance with section 608. an affirmation under the penaltic Peter H. Wright-Clark	408(3), F	.S., the e	ecution of the	his docum		ber.		
	Typed or	printed	l 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 of the Limited	d Liability Company is:			
The Peter H. Wright-	Clark Family LLC			
2. The name and the Florid	da street address of the registered agent and office are:	07 SE(ALL		
Belinda I	Borowsky	MAR 2 RETAR		
	(Name)	E Z		
20336 H	lacienda Court	PHI2:		
***************************************	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Boca Ra	aton. _{ET} 33498			

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

Pelula Boran (Signature)

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

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

ss.

07 MAR 27 PH I2: 07
SECRETARY OF STATE
TAIL AHASSEF FLORING

I, MAX MAXFIELD, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuances of this certificate have been fulfilled.

CERTIFICATE OF CONVERSION

OF

... THE PETER H. WRIGHT-CLARK FAMILY PARTNERSHIP, A LIMITED PARTNERSHIP converted from a Wyoming Limited Partnership to THE PETER H. WRIGHT-CLARK FAMILY LLC, a Wyoming Limited Liability Company, on February 25, 2005...

I FURTHER CERTIFY that this company has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and that Articles of Dissolution have not been filed, thus making the company in existence in the State of Wyoming.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this **9th** day of **March** A.D., **2007**.

May Masself Secretary of State

By Candin Ollinon