# M0700001987

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone #	<i>‡</i> )
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name	<del>)</del>
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SECRETARY OF STATE

APR -L PH 12:

#### BOVAY, COOK & OSSI, P.A.

ATTORNEYS AT LAW
901 N.W. 57" STREET
GAINESVILLE, FLORIDA 32605

JOHN C. BOVAY\*\*

LL.M. IN TAXATION
ALSO ADMITTED IN DISTRICT OF COLUMBIA
JULIA M. COOK
LL.M. IN TAXATION
SUSAN M. OSSI
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\*BOARD CERTIFIED IN TAX LAW

BOARD CERTIFIED IN WILLS, TRUSTS & ESTATES LAW

March 8, 2007

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

Registering foreign LLC

#### Gentlemen:

Pursuant to your instructions to register a foreign limited liability company to transact business in Florida, enclosed please find the following:

Artsy Abode at Lake City, LLC – cover letter, Application, Certificate of Designation of Registered Agent/Registered Office, Certificate of Formation certified on February 13, 2007, and our firm check in the amount of \$155.00.

Please be advised that according to their website (<u>www.statc.de.us/corp</u>) the State of Delaware no longer uses a raised seal in their certifications as of July 1, 2006.

Please forward your letter of acknowledgement and certified copy to me at your earliest convenience.

Please do not hesitate to contact my office if you have any questions.

Sincerely,

BOVAY, COOK & OSSI, P.A.

John C. Bovay

la

enclosures

cc: Robert Lytle

#### **COVER LETTER**

_	istration Section ision of Corporations		
SUBJECT			
	(Name of	Limited Liability Company)	
Florida," Co		d Liability Company for Authorization to Transac re submitted to register the above referenced fore da	
Please retur	rn all correspondence concerning th	nis matter to the following:	
	JOHN C. BOVAY, ESQUIRE		0,
		(Name of Person)	三路 号
	BOVAY, COOK & OSSI, P.A	•	OT APR -4 PH 12: 42 SECRETARY OF STATE TALLAHASSEE FLORID
		(Firm/Company)	PH 12
	901 N.W. 57th STREET		514. F2
		(Address)	
	GAINESVILLE, FLORIDA 320	605	
	(Cit	y/State and Zip Code)	<del>-</del>
For further	information concerning this matter	, please call:	
	JOHN C. BOVAY	at ( 352 ) 331-9092	
	(Name of Person)	(Area Code & Daytime Telephone Num	ber)
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	
	a check for the following amount: 125.00 Filing Fee \$\square\$	ee & XXX\$155.00 Filing Fee & 🔲 \$160.00 Filing Fee,	, Certificate & Certified Copy



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2007

JOHN C. BOVAY 901 N.W. 57TH STREET GAINESVILLE, FL 32605

SUBJECT: ARTSY ABODE AT LAKE CITY, LLC

Ref. Number: W07000012688

We have received your document for ARTSY ABODE AT LAKE CITY, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 807A00017917

## 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:

ARTSY ABODE AT LAKE CITY, LLC (Name of Foreign I	Limited Liability Company)
Delaware	
(Jurisdiction under the law of which foreign limited l company is organized)	3. 20-8493013 (FEI number, if applicable)
February 12, 2007 (Date of Organization)	5. "perpetual" (Duration: Year limited liability company will cease to
n/a	exist or "perpetual")
(Date first transacted busin (See sections 608.501 & 608	less in Florida, if prior to registration.) 3.502 F.S. to determine penalty liability)
2722 Centerville Road, Suite 400	
	<u> </u>
(Street	Address of Principal Office)
(Sirect	Address of Timelpar Office)
If limited liability company is a manager-m	Address of Principal Office)  nanaged company, check here X  the managing members or managers are as follows:
The name and usual business addresses of t	the managing members or managers are as follows:
GO FISH INVESTMENTS, LLC	Dr.
2722 Centerville Road, Suite 40	)0
Wilmington, DE 19808	
	e than 90 days old, duly authenticated by the official having custody of record photocopy is not acceptable. If the certificate is in a foreign language, a set be submitted.)
. Nature of business or purposes to be cond	ucted or promoted in Florida: _any lawful purpose
	>
(In accordance with section 608	or an authorized representative of a member. 3.408(3), F.S., the execution of this document constitutes ies of perjury that the facts stated herein are true.)

Typed or printed name of signee

JOHN C. BOVAY, ESQUIRE

## 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	of the Limited Liability Com	npany is:		
ARTSY ABO	ODE AT LAKE CITY, LLC		· · · · · · · · · · · · · · · · · · ·	
2. The name a	and the Florida street address	s of the registered	agent and office are:	
	JOHN C. BOVAY			2
(Name)				FR FR
	901 N.W. 57th Stree			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			PH 12: 42 SEE FLORI	
	Gainesville	FL	32605	STATE STATE
		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.

(Signature)

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

## Delaware

PAGE 3

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARTSY ABODE AT LAKE CITY, 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 TWENTY-SEVENTH DAY OF MARCH, A.D. 2007.



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070365042

Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5544600

DATE: 03-27-07