

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit? number (shown below) on the top and bottom of all pages of the document?

(((H07000122725 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

r (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 (850) 222-1092 Phone

(850)878~5926 : Fax Number .

FLORIDA/FOREIGN LIMITED LIABILÍTY CO. Kile 2nd 2010001227

BIW PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Corporate Filing Menu

2002/20/90

https://efile.sunbiz.org/scripts/efilcovr.exe

Electronic Filing Menu

PAGE 01/04

CT CORP

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

IN COMPLIANCE WITH SECTION GURSUS, FLORIDA STATUTES, THE POLLOWING IS SLIBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BIW PROPER					
<u> </u>	(Nam	te of Foreign Limited L	isbility Company)		22 8
Ohlo		. 3	. 34-1969787		
Jurisdiction und	ler the law of which for	reign limited liability	(FEI nu	nher, if applicable)	Scri
company is orga	•				AS TA
August 8, 200		g			<u></u>
(I	Date of Organization)		(Duration: Year limit exist or "porpetual")	ed liability company wil	00395 10
			country perpendicular		
upon fi	• • • • • • • • • • • • • • • • • • • •				<u></u>
	(See sections 6	08.501 & 608.502 P.S.	rida, if prior to registratic to determine penalty hab	n.) Nity)	25-1
34665 Chagri	n Boulevard .		•	•	-
			, , , , , , , , , , , , , , , , , , , 		
Moreland Hill	i, ONo 44022	70/	4h 1 AM \		
		(Siffer Address	of Pruncipal Office)		
الما المعنوسة الما	ilitis aanusans ta a		company, check here	ולכו	
II minimos tite	antity confidency to a	manager-manager	company, emock mere	[A]	
The same or	الم مرمضينا امسيرا				
1 19¢ 19trina Stite	a areas caraces no	CTI disease as rise literas	ging members or ma	UNRIGHTS SEE AND TOTION	B:
ISW Propertie	es, Inc. 34555 Chagr	in Boulevard, Morela	nd Hills, Ohio 44022		
		· · · · · · · · · · · · · · · · · · ·			
		·			
		•	, ,		
Attached is an or	ignel outilizate of color	эпос по изляє фаи 90 ф	sys old, duly authenticate d	bythe official having ou	ntody of noon
Ricigoliction unde	ribe law of which it is or	genized (Aphotocopy	is not acceptable. If the ce	dificate is in a foreign les	aguage, a
	issate under cath of the	MENTAL MARKET DO STUDIO			
	siness or mirroses t	no becomband on			
	siness or purposes	te be conducted or	promoted in Florida:		
Nature of bu	isiness or purposes to				
Nature of bu					
Nature of bu					
Nature of bu	Signature of a	and other lawful purp	coes.	of a member,	
Nature of bu	Signature of a	and other lawful purp member or an aut	cores.	ment constitutes	
Nature of bu	Signature of a	and other lawful purp member or an auth th section 608.408(3), F.S for the pensities of perjur	coes.	ment constitutes	
. Nature of bu	Signature of a	and other lawful purp member or an auth th section 608.408(3), F.S for the pensities of perjur	coized representative, the execution of this does y that the facus stated herein	ment constitutes	*

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

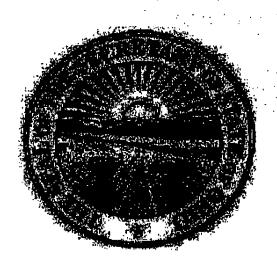
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

•			- PS 6
1. The name of the Limited	i Liability Comp	any is:	L'GR
B1	W Proper	eties LLC	T AND THE
	•		名字
2. The name and the Florid	la street address o	of the registered agent and office are:	
			S
	CT Compora	tion System	三
		(Name)	
•			
		Pine Island Road	_
	Florida street add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Plantation	FL 33324	,
	(C	ity/State/Zip)	-
liability company at the plat registered agent and agree statutes relating to the prop	ce designated in t to act in this capa er and complete p	to accept service of process for the above his certificate, I hereby accept the appoint icity. I further agree to comply with the performance of my duties, and I am familitered agent as provided for in Chapter 60	itment as provisions of all iar with and
(Signa	ure)	·	
Connie Bryan, Special	Asst. Secy.		
•	\$ 100.00	Filing Fee for Application	
	\$ 25.00	Designation of Registered Agent	
	\$ 30.00	Certified Copy (optional)	
	\$ 5.00	Certificate of Status (optional)	

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duty elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show BIW PROPERTIES, LLC, an Ohio Limited Liability Company, Registration Number 1244850, was organized within the State of Ohio on August 06, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Witness my hand and the seal of the Secretary of State at Columbus, Oklo this 2nd day of May, A.D. 2007

, , ,

Ohio Secretary of State

Validation Number: V2007122M34726