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COVER LETTER

	ration Section on of Corporations		
SUBJECT:	PKCHA,	LLC	
SODULCI		ame of Limited Liability Company)	
Florida," Cert liability comp	ificate of Existence, and cany to transact business i		
Please return	all correspondence conce	rning this matter to the following:	
	Nova A	Whitescarver	O
	HOIZ A.	(Name of Person)	97
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	Snulman, Rogers	Gandal, Pordy & Ecker, P.A. (Firm/Company)	\mathbf{o} $\mathcal{O}_{\mathcal{Z}}$
		(Pana Company)	2 25
	11001 0 1 111		SECRETARY OF CORPORATIONS OF HAY 18 PH 1:57
	11921 Rockville	, Pike, Third Floor (Address)	S O
		(Address)	– 5
	Rockville, Mary	rland 20852	
		(City/State and Zip Code)	
For further in	formation concerning this	s matter, please call:	
N	lora A. Whitescarver	at (301) 255-0545	
	(Name of Person		
Divisi P.O. E	LING ADDRESS: on of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following a 5.00 Filing Fee S130.00	amount: Diffiling Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & 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: PKCHA, LLC (Name of Foreign Limited Liability Company) 16-1728185 Maryland
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 7/18/05 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 5/26/06 (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7069 Lily Pons Road Adamstown, Maryland 21710-8621 (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: Peter G. Chaconas and Katherine A. Chaconas 7069 Lily Pons Road Adamstown, Maryland 21710-8621 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 fireign language, a translation of the certificate under cath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Managing real estate and receiving income therefrom. Signature of a member of 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.)

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:	
РКСН	A, LLC	
2. The name an	d the Florida street address of the registered agent and office are:	
	Stephen P. Chaconas	0
	(Name)	SECRE!
	925 Beville Road, Unit #13	_ 957
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	8 CORY CORY
	South Datona FL 32119 City/State/Zip	APORATION 1:5
		57 57

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.

By: Stephen P. Chaconer (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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PKCHA, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 17, 2007.

Paul B. Anderson Charter Division

Faul B. Under

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301 West Preston Street, Baltimore, Maryland 21201
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MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
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