## M0700003776

(Req	uestor's Name) ·	, , , , , , , , , , , , , , , , , , ,		
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June 4, 2007

JILL MUTKA ITA IMPLEMENTATIO SERVICES, LLC 1275 BARCLAY BLVD. BUFFALO GROVE, IL 60089

SUBJECT: ARIEL DUNES II UNIT 1305, LLC

Ref. Number: W07000026514

We have received your document for ARIEL DUNES II UNIT 1305, LLC and your check(s) totaling \$125.00. 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 sed days prior to the delivery of the application to the Department of States duty 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 out 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 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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 107A00038144

#### **COVER LETTER**

	stration Section ion of Corporations		
CHD IFCT.	Ariel Dunes II Unit 1305, LLC	3	
SOBJECT:		of Limited Liability Company)	1
Florida," Cer		ited Liability Company for Authorization it is a submitted to register the above reported in the submitted to register the above reported in the submitted to register the above reported in the submitted in the	
Please return	all correspondence concerning	g this matter to the following:	
	Jill Mutka		TA(s_s)
		(Name of Person)	DOT JUN
	ITA Implementation Serv	ices, LLC	AR)
		(Firm/Company)	N 20 P 3
	1275 Barclay Blvd		ATE A
		(Address)	<b>.</b>
	Buffalo Grove, IL 600	89	
		(City/State and Zip Code)	
For further in	nformation concerning this ma	tter, please call:	
Jill N	1utka	at ( 800 ) 595-4176	
	(Name of Person)	(Area Code & Daytime To	elephone Number)
Divis P.O. 1	LING ADDRESS: ion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	scheck for the following amounts.00 Filing Fee \$130.00 Filing Cert		60.00 Filing Fee, Certificate of Status & Certified Cop

### 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:

Ariel Dunes II Unit 1305, LLC	
(Name of Foreign Limited Liability Comp	any)
Georgia 20-89113	83
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number; if applicable)
. <u>4/23/07</u> 5. perpetua	
(Date of Organization) (Duration: exist or "p	: Year limited liability company will cease to perpetual")
4/23/07	
(Date first transacted business in Florida, if prior to (See sections 608.501 & 608.502 F.S. to determine p	o registration.) penalty liability)  ASE  SE
122 Seascape Blvd., Unit 1305	ARR LE TI
Miramar Beach, FL 32550	1 20 ARY SSEE
(Street Address of Principal Of	mice)
. If limited liability company is a manager-managed company, cl	
The name and usual business addresses of the managing memb	pers or managers are as follows:
Floyd Shiffman 1272 Old Alpharetta Road; Alpharetta, GA	30005- member
Barbara Shiffman 1272 Old Alpharetta Road; Alpharetta, G	6A 30005- member
,	, in the contract of the contr
<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly at e jurisdiction under the law of which it is organized. (A photocopy is not acceptal anslation of the certificate under eath of the translator must be submitted.)</li> </ol>	
Nature of business or purposes to be conducted or promoted in	n Florida: to hold property
<b>6</b>	
Fland Suff	
Signature of a member or an authorized representation (In accordance with section 608.408(3), F.S., the execution an affirmation under the penalties of perjury that the facts	n of this document constitutes
Floyd Shiffman	ş
Typed or printed name of sig	inėe

## 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:

Ariel Dunes II Unit 1305, LLC

2. The name and the Florida street address of the registered agent and office are:

Floyd Shiffman	7001 SECR
(Name)	NU ATA
122 Seascape Blvd., Suite 1305	120 F ARY OF SSEE.
Florida Street Address (P.O. Box NOT ACCEPTA	ABLE) FOR STA
Miramar Beach FL 32550	I 9 IDA-
City/State/Zip	4

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)

Control No. 07034540

## STATE OF GEORGIA

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### ARIEL DUNES II UNIT 1305, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 04/23/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 12th day of June, 2007

Karen C Handel Secretary of State

Laun C. Handel

Certification Number: 1466303-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp