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Special Instructions to	Filing Officer:	<u>,                                      </u>
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SECRETARY OF STATE

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### ARISTIDE FRANCIS LEFEVE, JR.

ATTORNEY AT LAW
MISSISSIPPI GULF COAST
15255 POOLE STREET
GULFPORT, MISSISSIPPI 39503

E-MAIL: alefeve@bellsouth.net TELECOPIER: (228) 893-8673 TELEPHONE: (228) 863-4660 Extension 17

August 13, 2007

Registration Section
DIVISIONS OF CORPORATIONS
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

8/4/07 01031/010

RE: Registration of Foreign LLC MAGNA SUMMA, L.L.C.

Ladies and Gentlemen,

Please find enclosed letter and request for registration of foreign limited liability company as above noted. Attached you will find certification as required.

Also find my check in the amount of \$160.000 as the filing fee.

Thank you.

Sincerely,

Aristide F. LeFeve, Jr.

AFL/1

Enclosure(s): As Indicated

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MAGNA SUMMA L.L.C.		
(Name of Limited Liability Company)		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
A. F. LEFEVE. JR.		
(Name of Person)		
ATTORNEY AT LAW		
(Firm/Company)		
15255 POOLE STREET		
(Address)		
GULFPORT, MS 39503		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
A. F. LEFEVE, JR. at ( 228 ) 863-4660 X 17		
(Name of Person) (Area Code & Daytime Telephone Number)		
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & } \sum_\$\$155.00 \text{ Filing Fee & } \sum_\$\$160.00 \text{ Filing Fee, Certificate } \text{ Certified Copy } \text{ of Status & Certified Copy }  of Status & Certi		

## 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:

MAGNA SUMMA, L.L.C.	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
MAGNASUMMA, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and atta consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C.," "LLC.")	ch a copy of the written "Limited Liability
<sub>2.</sub> MISSISSIPPI <sub>3.</sub> 20-5558605	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	;)
4. 07/12/2002 5. PERPETUAL	
(Date of Organization) (Duration: Year limited liability comparexist or "perpetual")	ny will cease to
6. HAS NOT CONDUCTED BUSINESS IN FLORIDA PRIOF	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 15255 POOLE STREET	
GULFPORT, MS 39503	•
(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 fo	ollows:
STEVEN P. DROWN	
179 PELICAN CIRCLE	
SANTA ROSA BEACH FL 32413	·
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official have the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foretranslation of the certificate under eath of the translator must be submitted.)	•
11. Nature of business or purposes to be conducted or promoted in Florida:	<u> </u>
CONSULTING / REAL ESTATE	
Lete-1/ble-	60.
Signature of a member or an authorized representative of a member.	्रीति च हिल्ली
(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.)	
STEVEN P. DROWN	<u>選挙</u> ω
Typed or printed name of signee	om co

## 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:
MAGNA SUMMA L.L.C.
If name unavailable, the alternate name to be used in the state of Florida is:
MAGNASUMMA, LLC
2. The name and the Florida street address of the registered agent and office are:
STEVEN P. DROWN (Name)
179 PELICAN CIRCLE  Florida Street Address (P.O. Box NOT ACCEPTABLE)
SANTA ROSA BEACH FL 32413
City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited

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)

# State of Mississippi

## Office of the Secretary of State Eric Clark, Secretary of State Jackson, Mississippi

#### **CERTIFICATE**

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

MAGNA SUMMA L.L.C.

Formed July 12, 2000

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

7407 RD 538 BILOXI MS 39532

and that the registered agent at that address is:

A F LEFEVE JR

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SAN OF SOLUTION MISSON

Given under my hand and seal of office August 16, 2007

Tic Clark

ERIC CLARK
Secretary of State

Certification Number: 9321551-1 Page 1 of 1 Reference: Verify this certificate online at http://www.sos.state.ms.us/busserv/corp/verify