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(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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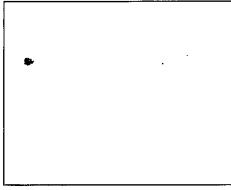
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

1. PENSACOLA COBBLESTONE, LLC

CK# 2743

AMOUNT \$160.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

Division of Corporations	
SUBJECT: Pensacola Cobblestone, LLC	
(Name	of Limited Liability Company)
	ited Liability Company for Authorization to Transact Business in k are submitted to register the above referenced foreign limited orida
Please return all correspondence concerning	(Name of Person) (Firm/Company)
	(Name of Person)
Newton Oldacre McDonald, L.L	.c. ARE
	(Firm/Company)
250 Washington Street	(Address)
Prattville, Alabama 36067	
	City/State and Zip Code)
For further information concerning this mat	tter, please call:
Dana Meadows	at (615) 269-5444
(Name of Person)	(Area Code & Daytime Telephone Number)
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
Enclosed is a check for the following amou \$125.00 Filing Fee \$130.00 Filing Certi	

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Pensacola Cobbiestone, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Alabama (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. August 20, 2007 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 250 Washington Street
Prattville, Alabama 36067 (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:
Corporate General, Inc.
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 foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Commercial Real Estate
Development
EH Dans
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
E.H. Camp. III. Assistant Vice President

Typed or printed name of signee

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 o	of the Limited Liability Company is:		
Pensacola Cob	oblestone, LLC		
If name unavai	ilable, the alternate name to be used in	the state of Florida is:	
2. The name a	and the Florida street address of the regi	stered agent and office are:	
	NRAI Services, Inc.		
	(Name)	
2731 Executive Park Drive, Suite 4			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Weston F	_L 33331	
	City/St	ate/Zip	
liability comparagent and agree	any at the place designated in this certific ee to act in this capacity. I further agree proper and complete performance of my my position as registered agent as provid	ervice of process for the above stated limited ate, I hereby accept the appointment as registered to comply with the provisions of all statutes duties, and I am familiar with and accept the led for in Chapter 608, Florida Statutes.	

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Pensacola Cobblestone, LLC organized in the office of the Judge of Probate of Autauga County on August 20, 2007. I further certify that the records do not disclose that said Pensacola Cobblestone, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

August 24, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State

