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ECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Orlando Condo, L.L.C.	ted Liability Company)				
The enclosed "Application by Foreign Limited Liab	pility Company for Authorization to Transact Business in pmitted to register the above referenced foreign limited				
Please return all correspondence concerning this ma	atter to the following:				
K. Tod Cagle					
	ne of Person)				
Attorney at Law					
	n/Company)				
2301 Tower Drive					
	Address)				
Monroe, LA 71201	4				
(City/Sta	te and Zip Code)				
For further information concerning this matter, please call:					
K. Tod Cagle	_at (318) 812-0113				
(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 amount: \$\Bigsim\\$125.00 \text{ Filing Fee} \Bigsim\\$130.00 Filing Fee & Certificate of \$\Delta\$.	☑\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate 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:

1. Orlando Condo	o, L.L.C.				
(Name of Foreign Limit	ed Liability Company; must inclu	de "Limited Liability Con	npany," "L.L.C.," o	r "LLC.")	• •
consent of the managers or mar Company," "L.L.C.," "LLC.")	rnate name adopted for the purpo laging members adopting the alte	se of transacting business mate name. The alternate	in Florida and attac name must include	h a copy of the "Limited Liabil	writte
2. Louisiana (Jurisdiction under the law or company is organized)	f which foreign limited liability	FEI nur	nber, if applicable)		
4. October 12, 20 (Date of Orga		Derpetual (Duration: Year limite exist or "perpetual")	ed liability compan	y will cease to	•
6. (at registration	hate first transacted business in Flo sections 608.501 & 608.502 F.S.	orida, if prior to registratio to determine penalty liabi	n.) ility)	SECRE	
7. 2301 Tower D	_	Yes		TASS	THE
Monroe, LA 7		of Principal Office)	<u>.</u>	FIG. 5	O
8. If limited liability comp	pany is a manager-managed		V	SEPA	<u>.</u>
9. The name and usual bu	siness addresses of the mana	aging members or mar	nagers are as fol	lows:	
Dewey F. Wea	ver, Jr., 2301 Tov	wer Drive, Mo	nroe, LA	71201	
		<u>.</u>			
		<u></u>			
the jurisdiction under the law of v	ate of existence, no more than 90 d which it is organized. (A photocopy oath of the translator must be subm	is not acceptable. If the cer			ords in
11. Nature of business or p	ourposes to be conducted or	promoted in Florida:	Ownership in	Real Esta	te
Sign	Deur J. When ature of a member or an aut	1 1 1	of a member	•	, white a
(In ac	acture of a member of an acture of an acture of a member of an acture cordance with section 608.408(3), F. firmation under the penalties of perju	S., the execution of this docu	ment constitutes		
	ewey F. Weaver, .				-

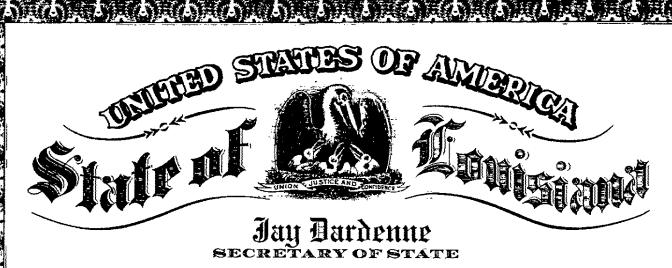
Typed or printed name of signee

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 of the Limited Liability Company is:	
Orlando Condo, L.L.C.	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	37 SS
Colby Weaver	<u>ئے</u> ہے۔
(Name)	1 22 M
8261 Tivoli Drive デジ	F 5. 50
Florida Street Address (P.O. Box NOT ACCEPTABLE)	50
Orlando FL 32836	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate, I hereby accept the appointment as reg 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 to obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)	istered
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent	

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



As Secretary of State, of the State of Louisiana, I do hereby Certify that a copy of the Articles of Organization and Initial Report of

ORLANDO CONDO, L.L.C.

Domiciled at MONROE, LOUISIANA,

Was filed and recorded in this Office on October 12, 2007,

And all fees having been paid as required by law, the limited liability company is authorized to transact business in this State, subject to the restrictions imposed by law, including the provisions of R.S. Title 12, Chapter 22.

In testimony whereof, I have hereunto set my hand and caused the Seat of my Office to be affixed at the City of Balon Rouge on, October 12, 2007

HLE 30564181K

Secretary of State

