#### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000277238 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone

: (904)398-3911

: (904)396-0663 Fax Number

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

BFIP-Macclenny, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

W07-55856

Electronic Filing Menu

Corporate Filing Menu

Help



November 14, 2007

FLORIDA DEPARTMENT OF STATE

ROGERS, TOWERS, BAILEY, ET AL Division of Corporations

SUBJECT: BFIP-MACCLENNY, LLC

REF: W07000055856

DIVISION OF CORPORATIONS

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly 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 oath of 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 your document, along with 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) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H07000277238 Letter Number: 307A00065690

OT NOV 14 PM 4: 04
SECRETARY OF STATE

LIMITED LIABILITY COMPANY TO TRANSACT BUSING	STATUTES, THE POLLOWING IN SUMMITTED TO DECISIVE A FOREIG S IN THIS STATE OF PLOREIA:
1. BFIP-Macolenny, LLC (Name of Foreign Landed Linkshity Company: n	mest include "Lindbad Lindbling Company," "L.L.C.," or "L.C.")
(If name unavailable, unior alternate name adopted for the consum of the managers or managing members adopting Company, ""L.L.C.," "LLC.")	he purpose of transacting business in Plorids and plusth a unpy of the writers p the situance sures. The almonate surpe must include "Limited Linbidge
2. Georgia	26-1210917
(Jurisdiction under the law of which foreign limited to compatty is organizate)	obility 3, 26-1210917 (FEI marabor, if applicable)
4. September 21, 2007 (Disc of Organization)	s. Perpetual
(Date of Organization)	(Duranou: Year limited liability company will cases to cuist or "perpublis")
s. Upon Filing	• • •
(Date first transacted busine (See sections 608.40) & 608.	er in Ptorion, if prior to registration.) 502 P.S. to determine pagalry liability)
7. 3243 Whitfield Services	
Macon, Georgia 31204	
(Sueci /	Address of Frencipal Office)
3. If limited liability company is a manager-ma	maged company, check here
. The name and usual business eddresses of th	o managing members or managors are as fellows:
Milton E. Butler	
3243 Whitfield Services	
Macon, Georgia 31204	
O. Associación en cuiginal caráficana of enteterca, no recesión el junistición o nacion ha law of which it is consuderd. (A ph Rostation of the caráficate under custo of the transister music	an 80 days old, duly authenticated by the official flaving expody of feature in prompty is nonacceptable. If the confidence is in a fiveless language, a
1. Nature of business or purposes to be conduc	ted or promoted in Florida:
Real estate holding/company	, <u></u>
Signature of a member of	an authorized representative of a member.
i i i i i i i i i i i i i i i i i i i	M(3). P.J., the exact him of this document exact in the of perjuty sizes the form stated Burein are true.)
Milton E. Butler	

Typed or printed name of signee

Distance:

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA 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 Liebility Company is:	
BFIP-Macclenny, LLC	~ <del>~~</del>
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:	SECRETARY OF STATE ON STORY OF CORPORATIONS OF CORPORATIONS O7 NOV 14 AM 8:57
Roger Alexander	TAR OF C
(Name)	ORPC
101 South Sixth Street	ORAT
Plorida Smoot Address (P.O. Box NOT ACCEPTABLE)	57
Macclenny n. 32063	

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 ohligations 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)

Certificate of Status (optional)

Control No. 07079616

# 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

### BFIP-MACCLENNY, LLC

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

was formed or was authorized to transact business on 09/21/2007 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 14th day of November, 2007

Karen C Handel Secretary of State

Haun C. Handel

Certification Number: 1852257-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp