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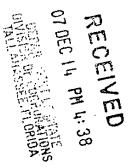
(Re	questor's Name)					
(Address)						
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(City/State/Zip/Phone #)						
	/ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to Filing Officer:						
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WALK-IN

ENTITY NAME:

1. CRESTVIEW ST, LLC

CK# 3009

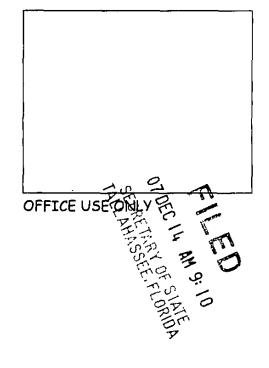
AMOUNT \$160.00

PLEASE FILE THE ATTACHED [Click here and type name] & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

XXX CERTIFICATE OF STATUS



#### **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	Pr.
		7070
OT ID	JECT: Crestview ST, LLC	CLAHASSEE IN A
SOR		
	(Name of I	Limited Liability Company)
Floric		Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a
Pleas	e return all correspondence concerning thi	is matter to the following:
		(Name of Person)
	Newton Oldacre McDonald, L.L.C.	
	1	(Firm/Company)
	250 Washington Street	
		(Address)
	Prattville, Alabama 36067	
	(City	/State and Zip Code)
For fu	orther information concerning this matter,	please call:
	Dana Meadows	at (615 ) 269-5444
	(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
Dwala	and in a chapte Caustin California and	,
rucio	sed is a check for the following amount:  \$\Bigsim \mathbb{\text{\$125.00 Filing Fee}} \Bigsim \mathbb{\text{\$130.00 Filing Fee}} \text{\$Certificate}\$	& \$\Bigsize \\$155.00 \text{ Filing Fee & \$\Sigma \\$160.00 \text{ Filing Fee, Certificate} \\ \text{e of Status & Certified Copy} \end{array}
	*	

#### 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.	Crestview ST, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written under the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability empany," "L.L.C.," "LLC.")
	Alabama (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4.	(Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	TASE OF D
	(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)
	If limited liability company is a manager-managed company, check here  The name and usual business addresses of the managing members or managers are as follows:  Corporate General, Inc.
	250 Washington Street
	Prattville, Alabama 36067
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation 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
	Signature of a member or an authorized representative of a member.  (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.)  E.H. Camp. III. Assistant Vice President

Typed or printed name of signce

### 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 Liabi	lity Company	is:		
Crestview ST,	LLC	<del> </del>			_
If name unave	ailable, the alternate	name to be us	ed in the state of F	Florida is:	
2. The name	and the Florida stree	address of th	e registered agent	and office are:	_
	NRAI Services, Inc	≎.			
			(Name)		
	2731 Executive Park Drive, Suite 4  Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Weston		<sub>FL</sub> 33331		
		(	City/State/Zip		
liability compa agent and agre relating to the	my at the place designee to act in this capage proper and complete my position as reast	mated in this conity. I further a performance of the control of th	ertificate, I hereby of the second of the se	cess for the above stated limited accept the appointment as regis th the provisions of all statutes am familiar with and accept the apter 608, Florida Statutes.	tered
		\$ 100.00 Fi	ling Fee for Applic	cation	

\$ 25.00 Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

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 Crestview ST, LLC organized in the office of the Judge of Probate of Autauga County on November 30, 2007. I further certify that the records do not disclose that said Crestview ST, 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.

December 14, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State