M07000007530

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Entit	y Name)
(Document Nur	mber)
Certified Copies Certif	icates of Status
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12/28/07--01038--003 **160.00

SECRETARY OF STATE
TALLAHASSEE, FI DRIDA

A. LUNT

DEC 3 1 2007 .

EXAMIN



+268 1-55 NORTH
MEADOWBROOK OFFICE PARK
JACKSON, MISSISSIPPI 39211
PHONE: 601.351.2400
FAX: 601.351.2424
MAILING ADDRESS:
P.O. BOX 1+167
JACKSON, MISSISSIPPI 39236

www.bakerdonelson.com

GINGER WILLIAMSON
Direct Dial: 601.351.2471
Direct Fax: 601.592.2471
E-Mail Address: gwilliamson@bakerdonelson.com

December 27, 2007

VIA FEDERAL EXPRESS

Florida Secretary of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 7001 DEC 28 P 3: 39
SECRETARY OF STATE
THE STATE OF STATE

Re:

Application by Foreign Corporation for Authorization to Transact Business in Florida

Bozeman Group, LLC

Dear Sir:

Please find enclosed our Application by Foreign Corporation for Authorization to Transact Business in Florida including the Certificate of Designation of Registered Agent/Registered Office for Bozeman Group, LLC a Delaware limited liability company. Also included is the Certificate of Good Standing from the State of Delaware.

Check number (026147) is enclosed in the amount of \$160.00 to pay the fees. Once this application has been filed please mail the Certificate of Status and Certified Copy to me in the Federal Express return envelope. Your continuing assistance and cooperation in this matter is greatly appreciated.

Sincerely yours,

BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ, P.C.

Ginger Williamson, Legal Assistant

:gw cc:

William Painter, Esq.

JM GW 548078 v1 2138734-000002 12/27/2007

COVER LETTER

Registration Section
Division of Corporations

TO:

`	Limited Liability Company)
	I Liability Company for Authorization to Transact Business re submitted to register the above referenced foreign limited la
Please return all correspondence concerning th	- H - 国
Ginger Williamson	
	(Name of Person)
Baker Donelson Bea	arman Caldwell & Berkowitz PC 🗸 💆
(Firm/Company)	
•	
Post Office Box 141	67
	(Address)
Jackson, MS 39236	3
	ty/State and Zip Code)
70 C de 1 C e e e e e e e e e e e e e e e e e	L
For further information concerning this matter	r, please call:
Ginger Williamson	at (601) 351-2471 (Area Code & Daytime Telephone Number)
(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

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 BY ISINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE O	OF FLORIDA:
Bozeman Group, LLC	
(Name of Foreign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of trai consent of the managers or managing members adopting the alternate nar Company," "L.L.C.," "LLC.")	
₂ Delaware	
2. (Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. December 14, 2007 5. Pe	rpetual
(Date of Organization) (Du	ation: Year limited liability company will cease to or "perpetual")
6	
(Date first transacted business in Florida, if) (See sections 608.501 & 608.502 F.S. to deter	nine penalty liability)
7. 7740 Rollo Drive	AHEZZ PEZ
Milton, Florida 32583	MA NO PORTOR
(Street Address of Prince	pal Office)
8. If limited liability company is a manager-managed compa	ny, check here
9. The name and usual business addresses of the managing n	nembers or managers are as follows:
Steve Bozeman, P.O. Box 3502, Mil	ton, Florida 32572

10. Attrobation civil and fact of the second of the second	
 Attached is an original certificate of existence, no more than 90 days old, the jurisdiction under the law of which it is organized. (A photocopy is not at 	tury attinenticated by the official having custody of records in ocotable. 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 promo	and in Florido: Investment
<u> </u>	icu iii riofida.
Production	
Sty 183	_
Signature of a member or an authorized	
(In accordance with section 608.408(3), F.S., the exam affirmation under the penalties of perjury that the	ecution of this document constitutes e facts stated herein are true.)

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:			
Bozeman G	roup, LLC	_		
If name unavailable	e, the alternate name to be used in the state of Florida is:			
		SE	2007	
2. The name and the	ne Florida street address of the registered agent and office a	11	1 DEC 28	
C	T Corporation System	H. C.	TD	
_	(Name)	F STATE FLORID	بب	
1:	200 S. Pine Island Rd.	P.E.	0 11	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Р	antation, FL 33324			
	City/State/Zip			

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.

Kimberly Breunling

(Signature) Assistant Secretary

\$ 100.0	00 Filing Fe	e for Application
\$ 25.0	00 Designat	ion of Registered Agent
\$ · 30.0	00 Certified	Copy (optional)
\$ 5.0	00 Certifica	te of Status (optional)

Delaware

PAGE 3

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOZEMAN GROUP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D. 2007.

4474064 8300

071343466

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6254015

DATE: 12-20-07

You may verify this certificate online at corp.delaware.gov/authver.shtml

PAGE 1



State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903 071343466

12-20-2007

9227480

BAKER, DONELSON, BEARMAN & CALDWEL

4268-I-55 NORTH

MEADOWBROOK OFFICE PARK

JACKSON

MS 39211

ATTN: GINGER WILLIAMSON

X

DESCRIPTION	AMOUNT
BOZEMAN GROUP, LLC 4474064 8300 Certificate in Re Short Certification Fee Expedite Same Day, 1-3 Re Short	30.00 40.00
FILING TOTAL	70.00
TOTAL PAYMENTS	70.00
SERVICE REQUEST BALANCE	.00