Division of Corporations Public Access System

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.

(((H08000018842 3)))



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

Division of Corporations

Fax Number : (850)617-6383

Account Name : LICENSES ETC INC

Account Number : I20070000159

Phone : (239)777-1028 Fax Number : (877)275-3593

#### ORIDA/FOREIGN LIMITED LIABILITY CO.

Stonebridge Development, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

T. CLINE

JAN 25 2008

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

8772753593

LICENSES ETC

PAGE 02

850-617-6381

1/24/2008 8:51

PAGE 001/001

Florida Dept of State



January 24, 2008

FLORIDA DEPARTMENT OF STATE

LICENSES, ETC. (KRISTIE COOK)

Division of Corporations

SUBJECT: STONEBRIDGE CONSTRUCTION & DEVELOPMENT, LLC

REF: W08000003802

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.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert: "MGRM" in the title: portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6097.

Marsha Thomas Regulatory Specialist II FAX Aud. #: H08000018842 Letter Number: 008A00005066

H08000018842 3

			COVER LETTER		
TO:		stration Section ion of Corporations	•		
SUBJI	ECT:	Stonebridge Developr	nent, LLC		
		(Name	of Limited Liability Company)	_	
Florida	a," Çer		ited Liability Company for Authorization to k are submitted to register the above referen orida		
Please	return	all correspondence concerning	g this matter to the following:		
		Kristie Cook			
			(Name of Person)		
		Licenses, Etc.		SECR TALLA	F 8002
			(Firm/Company)	ETAR'Y HASSE	1008 JAN 24
		15275 Collier Blvd., #			
			(Address)	1(7)	<u>က</u> တဲ
		Naples, FL 34119		J= '	<del></del>
		(	City/State and Zip Code)		,
For fu	rther is	nformation concerning this ma	tter, please call:		
	Kris	tie Cook	<sub>al (</sub> 239 <sub>)</sub> 777-8321		
		(Name of Person)	(Area Code & Daytime Telepho	one Number)	
	Divis P.O.	LING ADDRESS: sion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	,	
Enclos		a check for the following amou 25,00 Filing Fee \$130.00 Filin Cert	g Fee & S155.00 Filing Fee & S160.00 l	Filing Fee, Certi of Status & Cert	

FROM : STONEBRIDGE/SAFARI

FAX NO. :4042663170

Jan. 23 2008 11:35AM P1 H08000018842 3

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

IN COMPLIANCE WITH SECTION FORSES, FLORIDA STATUTISS, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN "IJMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA: Stonebridge Development, LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Stonebridge Construction & Development, LLC (If name unavailable, only alternate name adopted for the purpose of increasing business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Limitity Company," "L.L.C.," "LL.C.") <sub>2.</sub> Georgia (Durisdiction under the law of which foreign fimited liability company is organized) 4. 4/5/2004 perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1266 W Paces Ferry Rd, #408 Atlanta, GA 30327 (Street Address of Principal Diffice) 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: 10. Attached is an original cartificate of existance, 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 firstign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: All legal purposes 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 penalthet of perjury that the facts stated bersin are muc.) Gary Collins

Typed or printed name of signee

H08000018842 3

## 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.

If name unav	ailable, the alternate name to be used in the state of Florida is:	
II name unava	agable, the alternate hame to be used in the state of Piolida is:	
Stonebrid	ge Construction & Development, LLC	7 ~
2. The name	and the Florida street address of the registered agent and office are:	SECRETA
	Licenses, Etc.	N24 TARY IASSE
	(Name)	_ wo >
	15275 Collier Bivd., #201-300	K 8:
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	- 95 T
	Naples, FL 34119 <sub>FL</sub>	

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.

Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Control No. 0422208

# 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

#### STONEBRIDGE DEVELOPMENT, LLC

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

was formed or was authorized to transact business on 04/05/2004 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 16th day of January, 2008

Karen C Handel Secretary of State

Certification Number: 1988796-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskt/verify.asp