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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

T. CLINE
APR 2 5 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Mediterra 202 East, LLC				
(Name of Limite	ed Liability Company)			
•• • • • • • • • • • • • • • • • • • • •	ility Company for Authorization to Transact Business in mitted to register the above referenced foreign limited			
Please return all correspondence concerning this ma	tter to the following:			
Melanie Allen				
(Nam	e of Person)			
Brunini, Grantham, Grower & Hewes, PLLC				
(Firm	/Company)			
248 East Capitol, 1400 Trus	tmark Building			
(4	Address)			
Jackson, MS 39201				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
, F	ie call:			
Melanie Allen	te call: at (601) 973-8738 (Area Code & Daytime Telephone Nurfloer)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
,	No. of the second secon			
	STREET ADDRESS:			
*	Division of Corporations			
	Clifton Building 2661 Executive Center Circle			
·	Tallahassee, FL 32301			
Enclosed is a check for the following amount: 17 \$125.00 Filing Fee	\$155.00 Filing Fee & \$\Bigsim \$160.00 Filing Fee, Certificate atus 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. Mediterra 202 East, LLC (Name of Foreign Limited Liability Company; must	includ	le "Limited Liability Company," "L.L.C.	" or "LLC.")
(If name unavailable, enter alternate name adopted for the p consent of the managers or managing members adopting the Company," "L.L.C.," "LLC.")	urpos e alter	e of transacting business in Florida and at nate name. The alternate name must inclu	tach a copy of the writte de "Limited Liability
_{2.} Mississippi	3		
(Jurisdiction under the law of which foreign limited liabil company is organized)	lity	(FEI number, if applical	ole)
4, 4/3/08	5.	Perpetual	
(Date of Organization)		(Duration: Year limited liability compexist or "perpetual")	any will cease to
6(Date first transacted business	in Flor	sida if prior to registration	
(See sections 608.501 & 608.502	2 F.S.	to determine penalty liability)	
7. 125 Woodmont Way			
Ridgeland, MS 39157			2008 APR SECRET/
	lress o	f Principal Office)	
8. If limited liability company is a manager-mana	_		24 SSEE
9. The name and usual business addresses of the	mana	ging members or managers are as	follows:
Mark J. Shapley			ORIDA
125 Woodmont Way			
Ridgeland, MS 39157			
10. Attached is an original certificate of existence, no more that the jurisdiction under the law of which it is organized. (A phot translation of the certificate under oath of the translator must be	осору	is not acceptable. If the certificate is in a fo	
11. Nature of business or purposes to be conducted	ed or	promoted in Florida: Real Esta	ate Investment
(In accordance with section 608.408	(3), F.S	horized representative of a member S., the execution of this document constitutes ry that the facts stated herein are true.)	- r.

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:		
Mediterra 202 East, LLC		_
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:		•
Capital Connection, Inc.	_ <u>2</u> 26	
(Name) 417 E. Virginia St., #1 Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee, 32301 FL City/State/Zip	2008 APR 24 PM 1: 11 SECRETARY OF STATE ALLAHASSEE, FLORIDA	

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.

JABUN Seff BUTTERFIELD For Capital Connection

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

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

MEDITERRA 202 EAST, LLC

Formed April 3, 2008

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

125 WOODMONT WAY RIDGELAND MS 39157

and that the registered agent at that address is:

SHAPLEY, MARK J

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

ARY OF THE STATE O

Given under my hand and seal of office April 14, 2008

C. Delbert Hosemann, Jr. Secretary of State

Dellet Hoseman, dr.

Certification Number: 9960528-1 Page 1 of 1 Reference: Melanie Allen- BS Verify this certificate online at https://secure.sos.state.ms.us/busserv/corp/soskb/verify.asp