

708000002352

Florida Department of State
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.

((H08000132455 3)))



H080001324553ABC

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 : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (614) 227-1936
Fax Number : (239) 593-2990

2008 MAY 19 A 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
08 MAY 19 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Eastlinks Associates, L.L.C.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

A. LUNT
MAY 20 2008
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

**PORTER
WRIGHT
MORRIS &
ARTHUR LLP**
Attorneys and
Connectors at Law

5801 Pelican Bay Boulevard
Suite 300
Naples, Florida 34108-2709
Main Telephone #: 800-876-7962
Main Facsimile #: 239-593-2990

Facsimile Cover Sheet

SENDER'S FACSIMILE RECEIVING #: 239-593-2990

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR IF YOU HAVE ANY PROBLEMS RECEIVING THIS COMMUNICATION, PLEASE CALL 239-593-2990 IMMEDIATELY. THANK YOU.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL AND SUBJECT TO ATTORNEY-CLIENT, WORK PRODUCT, OR OTHER LEGAL PRIVILEGE. THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED AS RECIPIENT. IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

Date: May 19, 2008 User: 2066 Client Matter #: 4097630-23808

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 4

PLEASE DELIVER TO:

NAME	FIRM	FACSIMILE #:	CONFIRMATION #.
1. Division of Corporations	Florida Dept. of State	850-617-6383	
RE: Eastlinks Associates, L.L.C.			
Fax Audit No. H080001324553			

Comments:

Please file the attached regarding the above-referenced limited liability company:

1. Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida.

We have requested a certificate of status and certified copy of same.

Thank you.

From: Linda R. Minck, Esq. Phone No. 239-593-2967
THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

☐ ORDINARY MAIL
☐ MESSENGER

☒ OVERNIGHT DELIVERY SERVICE
☒ THIS WILL BE THE ONLY FORM OF DELIVERY

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Eastlinks Associates, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting 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 Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 26-2634488
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)
4. 3-20-2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 9530 Marketplace Road, Suite 301
Fort Myers, FL 33912
(Street Address of Principal Office)

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:

<u>William G. Price, Jr.</u>	<u>John S. McGarvey</u>
<u>9530 Marketplace Road, Suite 301</u>	<u>9530 Marketplace Road, Suite 301</u>
<u>Fort Myers, FL 33912</u>	<u>Fort Myers, FL 33912</u>

10. Attached is an original certificate of existence, 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 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 promoted in Florida: To invest and improve
certain real estate in Lee County, Florida, and to engage in any other
activity for which limited liability companies may be organized in Florida

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.)

Jeffrey S. Kannensohn, Authorized Representative of Member

Typed or printed name of signer

FILED
MAY 19 10 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Eastlinks Associates, L.L.C.

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:

Jeffrey S. Kannensohn, Esquire

(Name)

Porter Wright Morris & Arthur, LLP
5801 Pelican Bay Boulevard, Suite 300

Florida Street Address (P.O. Box NOT ACCEPTABLE)

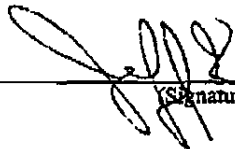
Naples

34108

FL

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.



(Signature) Jeffrey S. Kannensohn

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY 19 A 10:28

FILED