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SECRETARY OF STATE OF CORPORATIONS LA 22 NOTE OF

J. BRYAN

225 Corey Center atlanta, GA 30312 JUL 2 1 2008

EXAMINER

COVER LETTER

•	vision of Corporations		
SUBJECT	: KHY & Associates, LLC	.imited Liability Company)	
TI 1	`		nat Dynimaga in
Florida," C		Liability Company for Authorization to Transa submitted to register the above referenced for a	
Please retu	irn all correspondence concerning thi	s matter to the following:	
	Kenneth W. Rickert, Esq	J.	
	(Name of Person)	
			. 80 SIAIR
		Firm/Company)	
	5870 Long Grove Drive,	NW	NISION OF CORPORATIONS OB JUL 17 PM 1:49
		(Address)	RATI
	Atlanta, GA 30328		S _{NO}
	(City	/State and Zip Code)	
For further	information concerning this matter,	please call:	
Ke	en Rickert	at (404) 419-9777	
	(Name of Person)	(Area Code & Daytime Telephone Nu	mber)
MA	AILING ADDRESS:	STREET ADDRESS:	
	vision of Corporations	Division of Corporations	
). Box 6327 Ilahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	s a check for the following amount: \$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee}\$ Certificat		ee, Certificate s & 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. KHY & Associates, LLC (Name of Foreign Limited Liability Company; must include the company).	ide "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")	se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability
_{2.} Georgia	58-2209460
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. September 5, 1995	; Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)
7. 225 Corey Center	orida, if prior to registration.) to determine penalty liability)
•	
Atlanta, GA 30312 (Street Address	of Principal Office)
8. If limited liability company is a manager-managed	of Principal Office) company, check here
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Richard W. Harrell	
225 Corey Center	
Atlanta, GA 30312	
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or	nitted.)
Signature of a member or an aut	thorized/representative of a member. S., the execution of this document constitutes

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.

	sociates, LLC	
If name unavai	lable, the alternate name to be used in the state of Florida is:	
2. The name a	nd the Florida street address of the registered agent and office are:	OB JUL
	James A. Biedsoe, Jr.	OF CO
	(Name)	PH SPOR
	1301 Riverplace Blvd., Suite 1301 Florida Street Address (P.O. Box NOT ACCEPTABLE)	-: -: -: -: -: -: -: -: -: -: -: -: -: -: -:
	Jacksonville, FL 32207 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.

Sames a Bleder (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. K527054

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

KHY & ASSOCIATES, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 09/05/1995 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 10th day of July, 2008

Karen C Handel Secretary of State

faun C. Handel

Certification Number: 3021675-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp