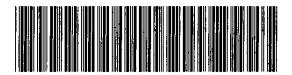
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	•	i.
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nan	ne)
·	·	,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·	•	
		*

Office Use Only



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SECRETARY OF STATE

M. THOMAS

AUG - 8 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations	,
SUBJECT: Tennessee shopp.  (Name of Limit	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Charlie Sellar	me of Person)
(Nar	me of Person)
Divine, Blacock, A	n/Company)
420 Columbia Dr.	Suite 110
·	
<u>west Palm Beach,</u> (City/Sta	tc and Zip Code)
For further information concerning this matter, plea	
Charlie Sellan' (Name of Person)	at ()636-1110 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum_\$\$125.00 Filing Fee \$\sum_\$\$130.00 Filing Fee & Certificate of \$\sum_\$\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Tenessee Stopping Center CCC (Name of Foreign Limited Liability Company ""I.L.C." or "I.L.C.")

1. (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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L	
Company," "L.L.C.," "LLC.")	=
Delaware 3 26-2851392 =	08 800 SEC.
2. <u>Delaware</u> (Jurisdiction under the law of which foreign limited liability company is organized)  3. <u>26-2851392</u> (FEI number, if applicable)	PO C
2/19/08	505
4. 2/19/08 (Date of Organization)  5. Perpet C (Duration! Year limited liability company will cease exist or "perpetual")	क्ति क्र
exist or perpetual)	200
6. (Date first transacted business in Florida, if prior to registration.)	<u> </u>
(See sections 608.501 & 608.502 F.S. to determine penarty hability)	
West Palm Beach, FL 37409 (Street Address of Principal Office)	·
West Palm Beach, FL 37409	
(Sfreet 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:	
Alten, ccc	<del></del>
420 Columbia Dr. Svite 110	
420 Columbia Dr. Suite 110 West Palm Beach, FL 33489	
west rain Beach, FL 33444	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of	
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language ranslation of the certificate under oath of the translator must be submitted.)	<b>:</b> a
·	
11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate	<del></del>
R G	•
B. L Signature of a member or an authorized representative of a member.	•
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 periors that the facts stated begain are true.)	·
	·

## 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.

The name of the Limited Liability Company is:	超星 工
• • •	温 上面
Tennessee Shopping Center, LLC	- 52 2
If name unavailable, the alternate name to be used in the state of Florida is:	OF STATE OF
2. The name and the Florida street address of the registered agent and office are:	<del></del> <del></del>
Gary Sellari (Name)	
(Paine)	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
West Pole Read 51 33409	

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.

City/State/Zip

Sella, (Signature)

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

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TENNESSEE SHOPPING CENTER, 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2008.

4505673 8300

080808992

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 6754167

Variet Smith Hind

DATE: 07-28-08

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