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SECRETARY OF STATE
TALL AHASSEE FLOOR

T. HAMPTON
SEP - 2 2008

**EXAMINER** 

### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Jacksonville 103" Street, LLC		
(Name of Limited Liability Company)		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
RealtyLink LLC (Firm/Company)		
(Firm/Company)		
14 S. Main Street: 2nd Floor		
(Address)		
Greenville 5 C 29601 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Philip J. Wilson at (864) 242.4008 ext. 15 (Name of Person) (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:  \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee} \Bigsim \frac{1}{30.00}\$  Filing Fee & Bigsim Bigsi		

## 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: (Name of Foreign Limited Liability Company) South Carolina
(Jurisdiction under the law of which foreign limited liability

3. N/A
(FEI number, if applicable) 4. Avgust 18, 2008
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to 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) 14 S. Main Street: 2nd FLOOR Greenville, SC 29601
(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: Philip J. Wilson

14 S. Main Street; 2nd Floor

Greenville, SC 29601 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: Real Estate Investment

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.)

# 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:
lacksonville loard Street, LLC
2. The name and the Plorida street address of the registered agent and office are:
Corporation Service Company
120) Havs Street Florida Street Address (P.O. Box NOT ACCEPTABLE)
Talahassee FL 30301
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)

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

\$ 5.00 Certificate of Status (optional)

FILED

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SECRETARY OF STATE
ALLAHASSEE FI ORINA

# The State of South Carolina



## Office of Secretary of State Mark Hammond

### **Certificate of Existence**

#### I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

JACKSONVILLE 103RD STREET, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on August 18th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 19th day of August, 2008.

Mark Hammond, Secretary of State