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2008 SEP 19 A 10: 0;
SECRETARY OF STATE

T. HAMPTON

SEP 2 2 2008

EXAMINER

COVER LETTER

SUBJECT: _	TW DEVELOP MENT, (Name of Limit	LLC
	(Name of Limit	ted Liability Company)
Florida," Certi		bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return a	all correspondence concerning this m	atter to the following:
	JERRY WEI	
	(Nai	me of Person)
		
	TW DENELOPM	M/Company)
	(Fir	m/Company)
	2940 MOUNTAIN	(Address)
- 10		(Address)
	PLOSINIEL 64 3 (City/Sta	0075
	(City/Sta	ate and Zip Code)
For further inf	formation concerning this matter, plea	ase call:
	JERRY WEIL	at (YOY) SUO - 6663 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
MAIL	ING ADDRESS:	STREET ADDRESS:
Division of Corporations		Division of Corporations
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Center Circle
	assee, FE 32314	Tallahassee, FL 32301
Enclosed is a	check for the following amount:	
\$125	.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$\infty\$\$\$\$ \$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 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	T W (Name of F	DEVELOP MENT oreign Limited Liabi	T, LUC Ifty Company; must include	le "Limited Liabil	lity Company," "L	.L.C.," or "LLC.'	·)
con		agers or managing m	me adopted for the purposi nembers adopting the altern				
C	ompany is orga	mized)	As foreign limited liability 3.	11-37	FEI number, if ap	plicable)	
4.	z	14 2603 Date of Organization	5.	PERPET	UAL		
••	(Date of Organization)	(Duration: Ye exist or "perpe	ear limited liability etual")		
6.		06-01-200	લ			AR ⊗	n
υ.		(Date first (See sections	transacted business in Flors 608.501 & 608.502 F.S.	rida, if prior to reg to determine pena	gistration.) alty liability)	TARY OF STATE	m
7.	2912	IVANITOE RO	40, TALIAHASSE	E.FL 32	312	m ₀ >	
			,			ST S	O
		*****	(Street Address o	f Principal Office	e)	- 8 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
			·	•			,
8.	If limited lia	bility company is	a manager-managed	company, chec	k here 🔼		
9.	The name ar	nd usual business	addresses of the mana	ging members	or managers ar	e as follows:	
	MARK	S. TAUL					
	2912	IVANATOR NO	43				
	THUA	HASSLE, PL	32312				
the	jurisdiction und	ler the law of which it i	xistence, no more than 90 da is organized. (A photocopy the translator must be subm	is not acceptable.			
11	. Nature of b	ousiness or purpos	es to be conducted or	promoted in Fl	lorida: Nukl	ESTATE	
	INVESTM	ENT / LEASING	<u> </u>				
			Juny M. Wei) MEMI	HER		
	•	(In accordance	of a member or an aut with section 608.408(3), F.S	horized represe	entative of a me		
		an ammanor	n under the penalties of perju JEVLY M .	ry that the facts stat WEIL	ed nerein are true,)		
			Typed or printed	<u> </u>	e		

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:		
TW DEVELOPMENT, 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:		
MARK S. TAUL (Name)		
(Name)		
2912 IVANHOE ROAD		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
TAUAHASSEE FL 32312		
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.		
Mark Taul (Signature)		
ALS: 70		
(Signature) \$ 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 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

TW DEVELOPMENT, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 12/04/2003 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 16th day of September, 2008

Karen C Handel Secretary of State

Faun CHandel

Certification Number: 3137168-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp