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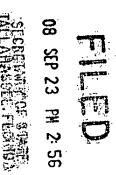
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PICK-UP WAIT MAIL		
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Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Boykin Group LLC					
	nited Liability Company)				
** * =	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited				
Please return all correspondence concerning this	matter to the following:				
Kevin Hyland	8 77				
(N	lame of Person)				
Boykin Management Company					
(Firm/Company)					
8015 W Kenton Circle, Suite 220					
(Address)					
Huntersville, NC 28078					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Kevin Hyland	at (704) 896-2880				
(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: \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee & Certificate of the following amount:}					

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	The Boykin Group, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	/a
ço	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")
	Delaware 3. 20-5524231
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4.	09/11/2006 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	09/11/2006 (Date first transported business in Florida, if prior to registration.)
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	8015 W Kenton Circle, Suite 220
	Huntersville, NC 28078
	(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:
	Robert W. Boykin
	8015 W Kenton Circle, Suite 220
•	Huntersville, NC 28078
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a islation of the certificate under oath of the translator must be submitted.)
ıy bı ı cor	Nature of business or purposes to be conducted or promoted in Florida: The purpose of the company are to engage it is iness, to acquire, hold, manage and dispose of real estate and equity and equity interests and to make, enter into and perform tracts and other undertakings and to engage in any activities and transactions as may be ancillary to or necessary or advisably rying out the foregoing purposes. Signature of a member or an authorized expresentative 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.)
	ROBORG W. BOYKIN
	Typed or printed name of sighee

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:	
The Boykin Group, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
n/a	
2. The name and the Florida street address of the registered agent and office are:	ASSESSION OF THE PARTY OF THE P
InCorp Services, Inc.	P 23
(Name)	
17888 67th Court North	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	- B S
Loxahatchee, FL 33470 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.

\$ 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 "THE BOYKIN GROUP, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2008.

08 SEP 23 PH 2: 56

4217255 8300

080935655

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6850557

DATE: 09-15-08

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