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EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Conch P	laza, LLC	
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		Art of Inc. File
-	··	LTD Partnership File
		Foreign Corp. File LLC
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		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
·		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature	1700	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:	1. 01 11	UCC 1 or 3 File
Mostina	<u> 10-31 11:00</u>	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

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: Conch Plaza, LLC (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 the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4. October 6, 2008 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 513 Fleming Street, #1 Key West, FL 33040 (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: Gary R. Onderdonk, Managing Member 513 Fleming Street, #1 Key West, FL 33040 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: owning real property 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.)

Typed or printed name of signee

Gary R. Onderdonk

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 l	Limited Liability Comp	pany is:		
Conch Plaza, L	LC			
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:		
Ga	ry R. Onderdonk			
	<u> </u>	(Name)		
513	Fleming Street,	#1		
	Florida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)		
Key	/ West	FL.		
,		City/State/Zip		
liability company at the agent and agree to act relating to the proper obligations of my positions.	e place designated in th in this capacity. I furth and complete performan	o accept service of process for the above stated limited als certificate, I hereby accept the appointment as registered are agree to comply with the provisions of all statutes note of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.		
l.	\$ 100.00	Filing Fee for Application		
	\$ 25.00 \$ 30.00	Designation of Registered Agent Certifled 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 "CONCH PLAZA, 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 THIRTIETH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONCH PLAZA, LLC" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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

Varnet Smila Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6942363

DATE: 10-30-08