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SECTETARY OF STATE

BOEC -3 AMIN: OF

M. THOMAS

DEC - 4 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section

Division of Corporations	
SUBJECT: Tremier South at (Name of Limited)	Lake Frances LLC Liability Company)
The enclosed "Application by Foreign Limited Liabilit Florida," Certificate of Existence, and check are submiliability company to transact business in Florida	ry Company for Authorization to Transact Business in itted to register the above referenced foreign limited
Please return all correspondence concerning this matter	r to the following:
W Ronald (Name of	of Person)
Fegsible (Firm/C	Company) (TS INC
5852 Par (Ad	Soot Rd Idress)
MI J ton F	And Zip Code)
For further information concerning this matter, please	call:
Ry Oct O a (Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: ST	FREET ADDRESS: 🥳 🏅 🚊 🖺
<u> </u>	ivision of Corporations
	lifton Building
,	lifton Building  661 Executive Center Circle  allahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsim\\$125.00\\$filing Fee \$\Bigsim\\$130.00\\$filing Fee & Certificate of State	3\\$155.00 Filing Fee & \$\\$\\$160.00 Filing Fee, Certificate 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. Premier South at lake Frances (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.")
2. (Jurisdiction under the law of which foreign limited liability company is organized)  3. 26-3671324  (FEI number, if applicable)
4. Date of Organization)  5. (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida if prior to registration)
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 5852 Parts Of Rd
Milton 17 355-70 B
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:  WROAD TUSE POSSER PASSONS RAMILTON FL
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:
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 berein are true.)
Typed or printed name of signee

### 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:

Premier South at Lage Frances	-
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:	
W Konald Tucker	<b>9</b>
Florida Street Address (P.O. Box NOT ACCEPTABLE)	EC-3 #
MILTON FL 32570 City/State/Zip	OF STATE

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)

Control No. 08083166

#### 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

### PREMIER SOUTH AT LAKE FRANCES LIMITED LIABILITY COMPANY.

**Domestic Limited Liability Company** 

was formed or was authorized to transact business on 10/29/2008 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 1st day of December, 2008

> Karen C Handel Secretary of State

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Certification Number: 3269135-1 Reference: 1

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp