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C. LEWIS

JAN 27 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Pegasus Residential, LLC				
		ted Liability Company)			
Florida," Cer		bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited			
Please return	all correspondence concerning this ma	atter to the following:			
	D. Fleet Wallace				
(Name of Person)					
Pegasus Residential, LLC					
	(Firm/Company)				
2520-B Gaskins Road					
	(Address)				
	Richmond, VA 23238				
	(City/Sta	te and Zip Code)			
For further in	: nformation concerning this matter, plea	se call:			
<u>D.</u> F	leet Wallace	_ _{at (} 804 <u>)</u> 290-8870, Ext 303 <u></u>			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
MAII	LING ADDRESS:	STREET ADDRESS:			
	ion of Corporations	Division of Corporations			
	Box 6327	Clifton Building 2661 Executive Center Circle			
i anai	hassee, FL 32314	Tallahassee, FL 32301			
	check for the following amount: 5.00 Filing Fee \$\sum \text{Certificate of S}\$	\$155.00 Filing Fee & \$\int\\$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:

LI	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Pegasus Residential, LLC.
••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
CO	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.")
	State of Georgia 3. 26-3972108
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	12/17/2008 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.)
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	2300 Lakeview Parkway, Suite 700
	Alpharetta, GA 30009
	(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:
	MRP Pegasus, LLC
	2520-B Gaskins Road
	Richmond, VA 23238
the trai	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 inslation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida:
	Real Estate Property Management
	See attached signature page
	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.) D. Fleet Wallace
	Typed or printed name of signee

PEGASUS RESIDENTIAL, LLC, A Georgia limited liability company

By:

MRP Pegasus, LLC, A Virginia limited liability company

Managing Member

By:

McCann Realty Partners, LLC, a Virginia limited liability company

Managing Member

By:

Managing Member

FILED

2009 JAN 26 PM 12: 25

SECRETARY OF BLATE TALLAHASSEE, FLORIDA

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:	
Pegasus Residential, 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:	
C T Corporation System	72 20 20 20 E
(Name)	7
1200 South Pine Island Road	2009 JAN 26
Plorida Street Address (P.O. Box. NOT ACCEPTABLE)	225
Plantation, FL 33324	93
City/State/Zip	36
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all startland to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the position as registered agent as provided for in Chapter 608, Florida Statute (Signature)	ns registered atutes cept the ess.
Vice Preside	nnt.
\$ 100.00 Filing Fee for Application SSISTANT SO \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	cretary
\$ 5.00 Certificate of Status (optional)	•

Control No. 08093039

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

PEGASUS RESIDENTIAL, L.L.C.

Domestic Limited Liability Company

was formed or was authorized to transact business on 12/17/2008 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 19th day of January, 2009

> Karen C Handel Secretary of State

Haun C. Handel

Certification Number: 3344269-3 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp