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To:

Division of Corporations

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From:

Account Name : EDWARDS COHEN Account Number : 120080000011 : (904)633-7979

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: (904)633-9026

### DRIDA/FOREIGN LIMITED LIABILITY CO.

#### Hallmark Pine Terrace, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
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| Estimated Charge      | \$130.00 |

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AUG 12 2009

8/11/2009

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**EXAMINER** 

#### COVER LETTER

| SUBJECT:   |   | ark Pine Terrace, LLC   |  |                             |
|--|---|---|--|-----------------------------|
|  | N                                       | ame of Limited Liability Company  |  |                             |
| The enclosed "Application by Existence, and check are subm | Foreign Limited Litited to register the | ability Company for Authorization to above referenced foreign limited liabi | Transact Business in Florida," Ce<br>lity company to transact business | rtificate of<br>in Florida. |
| Please return all corresponden                             | ce concerning this n                    | natter to the following:  |  |                             |
|  |   | Gregory M. Dawson   |  |                             |
| <del></del>  |   | Name of Person  |  |                             |
|  |   | Edwards Cohen   |  |                             |
|  | · · · · · · · · · · · · · · · · · · ·   | Firm/Company  |  |                             |
|  | 6                                       | East Bay Street, Suite 500  |  |                             |
|  |   | Address   |  |                             |
|  | · · ·                                   | Jacksonville, FL 32202  |  |                             |
|  |   | City/State and Zip Code   |  |                             |
| **   | E-mail address:                         | scasey@hallmarkco.com<br>(to be used for future annual report no            | dification)  |                             |
| or further information concern                             |   | <u> </u>  |  |                             |
|  |   |   |  |                             |
|  | y M. Dawson                             | at ( 904 )  Area Code & Daytime Telepho                                     |  |                             |
|  |   | Atta Cotte & Daytille Telepho   | ne runtoer   |                             |
| MAILING ADDRESS Division of Corporation                    |   | STREET ADDRESS:   |  |                             |
| Registration Section                                       | 10                                      | Division of Corporations Registration Section                               |  |                             |
| P.O. Box 6327  | •                                       | Clifton Building  |  |                             |
| Tallahassee, FL 32314                                      |   | 2661 Executive Center Circle  |  |                             |
| •  |   | Tallahassee, FL 32301   |  |                             |
| Enclosed is a check for th                                 | e following amo                         | unt;  |  | ′ '.                        |
|  | <b>.</b>                                | •   |  |                             |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|  | ( Pine Terrace, LLC ust include "Limited Liability Company," "L.L.C.," or "LLC.")  |
|--|--|
| (Name of Foreign Limited Liability Company; mus  | ust include "Limited Liability Company," "L.L.C.," or "LLC.")  |
| f name unavailable enter alternate name adouted for the  | to purpose of transacting business in Florida and attach a copy of the   |
| nsent of the managers or managing members adopting to<br>impany," "L.L.C," "LLC.")   | the alternate name. The alternate name must include "Limited Liabi"  |
| • •  | 2  |
| Georgia  (Jurisdiction under the law of which foreign limited liab company is organized)   | ability (PEI number, if applicable)  |
| June 24, 2009 (Date of Organization)   | 5. 2059 (Duration: Year limited liability company will cease to  |
| (Date of Organization)   | (Duration: Year limited liability company will cease to exist or "perpetual")  |
|  | 0  |
| (Date first transacted business<br>(See sections 608.501 & 608.50  | ess in Florida, if prior to registration.)  SO2 F.S. to determine penalty liability)   |
| 3111 Paces Mill Road, Suite A250   | <u>)</u> 6   |
|  |  |
| Atlanta, GA 30339  | Address of Principal Office)   |
|  | <u></u>  |
| If limited liability company is a manager-mar  | anaged company, check here   |
| The name and usual business addresses of the   | ne managing members or managers are as follows:  |
| Martin H. Petersen   |  |
| 3111 Paces Mill Road, Suite A250   |  |
| OTTT Faces with Road, Guite A250   |  |
| Atlanta, GA 30339  |  |
|  |  |
|  | than 90 days old, duly authenticated by the official having custody of rec<br>hotocopy is not acceptable. If the certificate is in a foreign language, a<br>t be submitted.) |
| ne jurisdiction under the law of which it is organized. (A phi<br>anslation of the certificate under eath of the translator must l   | hotocopy is not acceptable. If the certificate is in a foreign language, a   |
| ne jurisdiction under the law of which it is organized. (A plus anslation of the certificate under eath of the translator must leave the conduct of business or purposes to be conducted.  | Acquisition, ownership,  |
| ne jurisdiction under the law of which it is organized. (A plus<br>anslation of the certificate under eath of the translator must leave the translator must leave to be conducted.  1. Nature of business or purposes to be conducted.   | Actocopy is not acceptable. If the certificate is in a foreign language, a the submitted.)   |
| ne jurisdiction under the law of which it is organized. (A plus anslation of the certificate under eath of the translator must be.  1. Nature of business or purposes to be conducted in management, and disposition of partnership.  Signature of a member of (In accordance with section 608.40) | Acquisition, ownership,  |

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:   |
|--|
| Hallmark Pine Terrace, LLC   |
| If unavailable, the alternate to be used in the state of Florida is:   |
| 2. The name and the Florida street address of the registered agent and office are:   |
| Susan Adams  |
| (Nатто)  |
| 4040 Newberry Road, Suite 1000   |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)   |
| Gainesville, FL 32607  |
| City/State/Zip   |
| Having been named as registered agent and to accept service of process for the above stated limited iability company at the place designated in this certificate, I hereby accept the appointment as registered igent and agree to act in this capacity. I further agree to comply with the provisions of all statutes elating 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. 09045164

# 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

### HALLMARK PINE TERRACE, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 06/24/2009 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 29th day of July, 2009

> Karen C Handel Secretary of State

Faun CHandel

Certification Number: 4510054-1 Reference: Verify this certificate online at http://corp.sos.state.ga.ua/corp/soakb/verify.asp