Florida Department of State Division of Corporations

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Account Name : EDWARDS COHEN Account Number : I20080000011 Phone : (904)633-7979

Fax Number : (904)633-9026

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hallmark Live Oak, LLC

Certificate of Status	1
Certified Copy	O
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Estimated Charge	\$130.00

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AUG 1 2 2009

EXAMINER 8/11/2009

NO.622

COVER LETTER

SUBJECT:	Hallmark Live Oak, LLC
	Name of Limited Liability Company
The enclosed "A Existence, and c	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all	correspondence concerning this matter to the following:
	Gregory M. Dawson
	Edwards Cohen Firm/Company 6 East Bay Street, Suite 500 Address Jacksonville, FL 32202 Ciry/State and Zin Code
	6 East Bay Street, Suite 500
	Address FLOT
	Jacksonville, FL 32202
	City/State and Zip Code
	scasey@hallmarkco.com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	Gregory M. Dawson at (904) 633-7979
	Name of Person Area Code & Daytime Telephone Number
MATLI	NG ADDRESS: STREET ADDRESS:
	of Corporations Division of Corporations
_	tion Section Registration Section
P.O. Box	
Tallahas	See, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amount:
	.00 Filing Fee & \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

D03

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Hallmark Live Oak, LLC
(Name of Foreign 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.") Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized) June 24, 2009 (Date of Organization) (Duration: Year limited liability company w exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 3111 Paces Mill Road, Suite A250 Atlanta, GA 30339 (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: Martin H. Petersen 3111 Paces Mill Road, Suite A250 Atlanta, GA 30339 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 outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Acquisition, ownership, management, and disposition of partnership interests in partnerships owning real property in Florida Signature of a member or an authorized representative of a member. (In accordance with section 602.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Martin H. Petersen

Typed or printed name of signoe

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:	TALLA	7
Hallmark Live Oak, LLC	EG E	<u>ئر</u> ۲
If unavailable, the alternate to be used in the state of Florida is:	TARY OF S	是
2. The name and the Florida street address of the registered agent and office are:	TATE A	10:09
Susan Adams	_	
(Name)	-	
4040 Newberry Road, Suite 1000	_	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_	
Galnesville, FL 32607	_	
City/State/Zip		
Having been named as registered agent and to accept service of process for the above s		

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.

Susan Adams

\$ 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. 09045169

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 LIVE OAK, 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-facic 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

Kaun C. Handle

Certification Number: 4510053-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskh/verify.asp