## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

(770)777-2091

Fax Number

: (770)220-1943

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

New Horizon Retail Development, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

A. LUNT SEP 18 2009 EXAMINER

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### **COVER LETTER**

	stration Section tion of Corporations
SUBJECT: _	New Horizon Retail Development, LLC  Name of Limited Liability Company
The enclosed 'Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return s	Il correspondence concerning this matter to the following:
	Amanda J. Buckley
	Name of Person
	Hartman, Simons, Spielman & Wood LLP
	Firm/Company
	6400 Powers Ferry Road, NW Suite 400
	Address
	Atlanta, GA 30339
	City/State and Zip Code
	abuckley@hssw.com  E-mail address: (to be used for future annual report notification)
For further info	mustion concerning this matter, please call:
	Amanda J. Buckley at 770 951-6789  Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Division Registr P.O. B	ING ADDRESS: STREET ADDRESS: on of Corporations on of Corporations ration Section ox 6327 Clifton Building assec, FL 32314 2661 Executive Center Circle Tallahassec, FL 32301
Enclosed is a	check for the following amount:
<b>S</b> 12.	5.00 Filing Fee \$ \$130.00 Filing Fee & \$155,00 Filing Fee & \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

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

	'E WITH SECTION 608.503, FLORIDA ! ITY COMPANY TO TRANSACT BUSINESS			O REGISTE	R A FOREIGN
1.	New Horizon I	Retail [	Development, LLC		
(Name of	Foreign Limited Liability Company; m	ust include	"Limited Liability Company," "L.L.C	.," or "L.L.C."	<del>")</del>
(If name unavaila consent of the ma Company,""L.L.	able, onter alternate name adopted for the anagers or managing members adopting .C." "LLC.")	ic purpose the altern	of transacting business in Florida and a ate name. The alternate name must inch	attach a copy ude "Limited	of the written Liability
2	Georgia	3.			
(Jurisdiction us company is or	nder the law of which foreign limited lie ganized)	ability	(FEI number, if applica	ыо) <b>Т</b> со	20
4	1/5/2007	5.	perpetual	FÖ	2009 \$
	(Date of Organization)		(Duration: Year limited liability comparist or "perpetual")	pany Tip cer	**************************************
б. <u></u> _	(Date first transacted busines (See sections 608.501 & 608.5	ss in Florid 502 F.S. to	la, if prior to registration.) determine penalty liability)	THE STATE OF	3 3 5 5
7. <u>6400 Powe</u>	ers Ferry Road, NW Suite 40	00		- <del>- 22</del>	<u></u> 5
Atlanta, G	A 30339			등대	28
<del></del>	(Street A	ddress of	Principal Office)		
). The name a	ability company is a manager-ma ud usual business addresses of the elopment Corporation, Inc.	_		follows:	
					<del></del>
1768 India	an Creek Drive				<del></del>
Vestavia I	Hills, AL 35243			·	
ne jurisdiction und anslation of the co	original certificate of existence, no more if ter the law of which it is organized. (A ph artificate under oath of the translator must thus incess or purposes to be conduc-	otocopy is be submitte	not acceptable. If the certificate is in a fo xi)	រភស្រា ស្រស់នៅ	gr, a
					<del></del> '
•	(In accordance with section 608.40	8(3), P.S., t	rized representative of a member he execution of this document constitutes hat the facts stated herein are true.)	· ·	
			nager of a Member		-
	Typed or pr	rinted na	me of signce		

# 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.

If name upas	eilable the alternate name	to be used in the state of Florida is:	
ii name uiai	andore, me anemate name	to be used in the sinte of Prorida is:	et 6.
			- C S S S S S S S S S S S S S S S S S S
2. The name	and the Florida street address	ess of the registered agent and office are:	SECRETARY
	NRAI Services, Inc.		
		(Name)	AH 10: 28
			STATI STATI
	2731 Executive Park Driv	e, Suite 4	_ 5 7 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Weston	FL 33331	
		City/State/Zip	<del>_</del>

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. NRAI Services, Inc.

(Signature) Sharon K. Gray, Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certifled Copy (optional)

\$ 5.00 Certificate of Status (optional)

Control No. 07001239

# 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

## NEW HORIZON RETAIL DEVELOPMENT, LLC

#### Domestic Limited Liability Company

was formed or was authorized to transact business on 01/05/2007 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 17th day of September, 2009

Karen C Handel Secretary of State

aun Claudel

Certification Number: 4596736-1 Reference: Verify this certificate online at http://oorp.scm.state.go.us/corp/scskb/verify.sap