MU90000003776

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	i
Special Instructions to Filing Officer:	

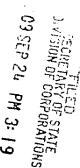




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B. KOHR SEP 2 4 2009

EXAMINER





RATION SERVICE COMPANY				
	ACCOUNT NO.	:	12000000)195
	REFERENCE	:	133247	4802701
	AUTHORIZATION	0	mulsice	man
	COST LIMIT	ا: ا	\$ 125.00	

ORDER DATE: September 23, 2009

ORDER TIME : 12:53 PM

ORDER NO. : 133247-005

CUSTOMER NO: 4802701

FOREIGN FILINGS

NAME: BELK ENTERPRISES, LLC

 \underline{XXXX} QUALIFICATION (TYPE: \underline{LL})

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

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: Belk Enterprises, LLC (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.") Tennessee I.D. No. 0315349 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) July 25, 1996 July 25, 2036 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 300 Fidelity Building, 502 S. Gay Street Knoxville, TN 37902 (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: William B. Sansom, Chief Manager & Elisabeth S. Sansom, Secretary 300 Fidelity Building, 502 S. Gay Street Knoxville, TN 37902 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: ownership and leasing of tellion as Jamos

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.)

Typed or printed name of signee

William B. Sansom

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:	
***************************************	Belk Enterprises, LLC	
If unavailable, tl	he alternate to be used in the state of Florida is:	
2. The name an	d the Florida street address of the registered agent and office are:	
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee, FL 32301	
	City/State/Zip	

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.

Jacqueline N. Casper, Assistant VP

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Secretary of State **Division of Business Services** 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 09/23/2009
REQUEST NUMBER: 09266104
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 07/25/1996 STATUS: ACTIVE CORPORATE EXPIRATION DATE: 07/25/2036 CONTROL NUMBER: 0315349 JURISDICTION: TENNESSEE

10T CFS 8161 HIGHWAY 100 #172 NASHVILLE, TN 37221

REQUESTED BY: CFS 8161 HIGHWAY 100 #172 NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "BELK ENTERPRISES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

CAPITAL FILING SERVICE (CFS)

NASHVILLE, TN 37221-0000

8161 HIGHWAY 100

ON DATE: 09/23/09

RECEIVED: \$380.00

FEES

\$0.00

TOTAL PAYMENT RECEIVED:

\$380.DD

RECEIFT NUMBER: 00004672053 ACCOUNT NUMBER: 00101230



FROM:

#172

SECRETARY OF STATE