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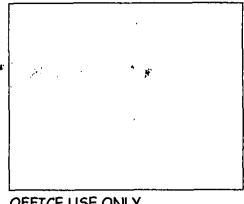
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**EXAMINER** 

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SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA RESEARCH & FILING SERVICES, INC. 1211, CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

SFC CHAMBERSBURG LLC

CK# 4137

**AMOUNT** \$155.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

#### **COVER LETTER**

TO:

**Registration Section** 

	f Corporations			
SUBJECT:		Chambersburg, LLC		
		ability Company for Authorization to 1 above referenced foreign limited liabil		
Please return all cor	respondence concerning this	matter to the following:		
		Mani Ann Jackson		ON SEP 28 IM 8:21
		Mary Ann Jackson Name of Person		- 90
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To be to dear	165 Madison Ave., Ste 2000		_ > v	
		Addiess		
		Memphis, TN 38103		
		City/State and Zip Code		<del></del>
	m	carr@bakerdonelson.com		
-		(to be used for future annual report no	tification)	<del></del>
For further informat	tion concerning this matter, pl	ease call:		
	Margaret B. Carr	at ( 901 )	577-2157	
	Name of Person	Area Code & Daytime Telephor	ne Number	<del></del>
		STREET ADDRESS: Division of Corporations Registration Section Clifton Building		
	e, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a che	eck for the following amo	ount:		
\$125.00	Filing Fee \$130.00 Fili Certificate		\$160.00 Filing Fee, of Status & Cer	

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

IN COMPLIANCE WITH SECTION 608,508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SFC Chambersburg, LLC (Name of Poreign 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.") applied for (Jurisdiction under the law of which foreign limited liability company is organized) 9/25/09 (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 P.S. to determine penalty liability) 7. 3010 Grand Bay Blvd., Unit 4102, Longboat Key, FL 34228-4416 (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: Bob Solmson, Manager 3010 Grand Bay Blvd., Unit 4102 Longboat Key, FL 34228-4416\_\_\_\_\_\_ 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: Investments 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.) Bob Solmson, Manager

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:
SFC Chambersburg, LLC
If unavailable, the alternate to be used in the state of Florida is:
n/a
2. The name and the Florida street address of the registered agent and office are:
NRAI Services, Inc.
(Name)
2731 Executive Park Drive, Ste 4
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Weston, FL 33331 (Broward County) 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.  (Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SFC CHAMBERSBURG, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFC CHAMBERSBURG, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may verify this certificate online at corp. delaware.gov/authver.shtml

jeffrey W. Bullock, Secretary of State

DATE: 09-25-09