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| (Requestor's Name)                       | •••    |   |
|--|--------|---|
| (Address)                                |        | _ |
| (Address)                                |        |   |
| (City/State/Zip/Phone #)                 |        |   |
| PICK-UP WAIT M                           | AIL    |   |
|  | 5      |   |
| (Business Entity Name)                   | ;<br>; |   |
| (Document Number)                        |        |   |
| :Certified Copies Certificates of Status | 1      | _ |
| Special Instructions to Filing Officer:  |        | _ |
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### JOE H. HARRIS

**ATTORNEY AT LAW** 

225 SECOND STREET SE SUITE 310 CEDAR RAPIDS, IOWA 52401-1400

September 25, 2009

TEL (319) 363-3512

FAX (319) 363-4851

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Via: Federal Express

Re: Application by Foreign Limited Liability Company for Authorization to Transact

Business in Florida.

Dear Sir or Madam:

Enclosed you will find the Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and Certificate of Designation of Registered Agent/Registered Office for Island Circle Land Co., L.L.C. I am also enclosing a Certificated of Existence of Island Land Circle Co., L.L.C. from the Iowa Secretary of State dated September 25, 2009.

Lastly, you will find enclosed a check in the amount of \$130.00 in payment of the filing fee and a Certificated of Status. Please forward the Certificate of Status to me once the registration has been completed.

Should you have any questions, please contact me at the above address.

I remain.

Sincerely yours,

Joe H. Harris
Attorney at L

JHH/bam Encl.

cc: C. Mettille J. Beal

#### **COVER LETTER**

| TO:    | Registration Section<br>Division of Corporat   | ions                              | •                           |   |   |         |
|--------|--|-----------------------------------|-----------------------------|---|---|---------|
| SUBJ:  | ECT:   | Island (                          | Circle Lar                  | d Co., L.LC.                                      |   |         |
|        |  |                                   |                             | Liability Company                                 |   |         |
|        |  |                                   |                             |   | ransact Business in Floric<br>ty company to transact bu |         |
| Please | return all corresponden  | ce concerning this m              | atter to the fol            | lowing:   |   |         |
|        |  |                                   | Joe F                       | I. Harris   |   |         |
|        | <del> </del>   |                                   | Name                        | of Person   |   | <u></u> |
|        |  |                                   |                             | ey at Law   |   | _       |
|        |  |                                   | Firm/0                      | Company   |   |         |
|        |  | 225                               |                             | t SE, Suite 310                                   |   | _       |
|        |  |                                   | Ac                          | ldress  |   |         |
|        |  | Ceda                              | r Rapids, Id                | owa 52401-1400                                    |   | _       |
|        |  |                                   | City/State                  | and Zip Code                                      |   |         |
|        |  |                                   |                             | hotmail.com                                       |   |         |
|        |  | E-mail address: (                 | to be used for              | future annual report not                          | ification)  |         |
| For fu | ther information concer  | rning this matter, plea           | ise call:                   |   |   |         |
|        |  | e H. Harris                       |                             | t (319)   | 363-3512  |         |
|        | Na   | me of Person                      | Area Co                     | de & Daytime Telephon                             | e Number  |         |
|        | MAILING ADDREADIVISION of Corporati<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 3231 | ons                               | Registration<br>Clifton Bui | Corporations  n Section Iding ntive Center Circle |   |         |
| Enclo  | sed is a check for th  |                                   |                             | ٦   |   |         |
|        | \$125.00 Filing Fee  | e ✓ \$130.00 Filir<br>Certificate |                             | \$155.00 Filing Fee &<br>Certified Copy           | \$160.00 Filing Fee,<br>of Status & Cer                 |         |

## 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:

| 1.  | Island Circle Land Co., L.L.C.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"   |            |         | _              |
|-----|---|------------|---------|----------------|
|     | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"   | or "LLC    | )       |                |
| CO  | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and att nsent of the managers or managing members adopting the alternate name. The alternate name must include purpany," "L.L.C," "LLC.")   |            |         |                |
| 2.  | State of Iowa 3. 26-4674255  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)   |            |         |                |
| -   | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)   | e)         |         | _              |
| 4.  | December 22, 2008  (Date of Organization)  5. Perpetual (Duration: Year limited liability compa   |            |         | _              |
|     | December 22, 2008  (Date of Organization)  5. Perpetual  (Duration: Year limited liability comparation exist or "perpetual")  | iny will c | ease to |                |
| 6.  | October 1, 2009   | E CR       | 38      |                |
| ٠.  | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)   | TAR        | P 28    | -              |
| 7.  | 1211 Old Stickney Point Road  | TARY OF    | 3       | m              |
|     | Sarasota, Florida 34242   | FLOF       | ?       | D              |
|     | (Street Address of Principal Office)  | ORIDA      | 8       | _              |
| 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 fe   | ollows:    |         |                |
|     | Craig Mettille, 5607 4th Street Court SW, Cedar Rapids, IA 52404  | <u> </u>   |         | _              |
|     | Steven M. Cavanaugh, 1211 Old Stickney Point Road, Sarasota, Florida 3424   | 2          |         |                |
|     |   |            |         |                |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official have jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a for inslation of the certificate under oath of the translator must be submitted.) |            |         |                |
| 11  | . Nature of business or purposes to be conducted or promoted in Florida:  |            |         | _              |
|     | Real Estate Management.   |            |         | _ <del>,</del> |
|     |   |            |         |                |
|     | Signature of a member of 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.)  | •          |         |                |
|     | Steven M. Cavanaugh   |            |         |                |
|     | 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:                                   |                   |           |       |
|--|-------------------|-----------|-------|
| Island Circle Land Co., L.L.C.   |                   |           | _     |
| 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: |                   |           | _     |
| Steven M. Cavanaugh (Name)   | SEC               | 09:       |       |
| 1211 Old Stickney Point Road Florida Street Address (P.O. Box NOT ACCEPTABLE)      | RETARY<br>AHASSEI | 09 SEP 28 | 7 7 7 |
| Sarasota, Flonida 34242 City/State/Zip   | OF STATE          | PH 2: 30  | E D   |

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)

IOWA SECRETARY OF STATE MICHAEL A. MAURO



Date: 9/25/2009

#### **CERTIFICATE OF EXISTENCE**

Name: ISLAND CIRCLE LAND CO., L.L.C. (490DLC - 372768)

Date of Organization: 12/22/2008

**Duration: PERPETUAL** 

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability company named on this certificate is in existence and was duly organized under the laws of Iowa, that all fees required by the Iowa Limited Liability Company Act have been paid, and that articles of dissolution have not been filed.

Certificate ID: CS33320

To validate this certificate please visit the following web site and enter the certificate ID.

www.sos.state.ia.us/ValidateCertificate

MICHAEL A. MOULE

MICHAEL A. MAURO

SECRETARY OF STATE