

MD9000003970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

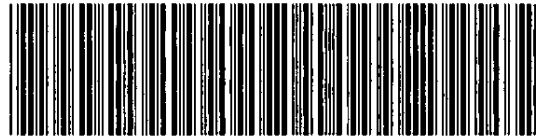
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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701 LLC

MD9-3970

09 OCT - 6 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER

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1031 Exchange Services, LLC

Knowledge ~ Experience ~ Service

"Certified Exchange Specialist on Staff®"

October 5, 2009

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

Re: Foreign Limited Liability Company

To whom it may concern,

Enclosed please find this firm's package and check, in the amount of \$125.00, for authorization to transact business in Florida as a foreign limited liability company. Should this package meet with your requirements please file it accordingly. Also enclosed for your convenience is a return Federal Express for return of documents to this office.

Please feel free to contact me should you have any questions or if I may be of any assistance. I can be reached at 828-251-1031 or via my email address michelle@1031exs.net

Thank you in advance for your attention to this matter.

Sincerely,



Michelle F. Smith
Exchange Coordinator

Certified Exchange
Specialist®

56 Central Ave., Suite 201, Asheville, NC 28801
Phone: 828.251.1031 Toll Free: 888.552.1031 Fax: 828.251.5914
www.1031exchangeservices.net



FEDERATION OF EXCHANGE
ACCOMMODATORS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAT 503, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check 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:

James W. Bailey, Jr.

Name of Person

1031 Exchange Services, LLC

Firm/Company

56 Central Avenue, Suite 201

Address

Asheville, NC 28801

City/State and Zip Code

michelle@1031exs.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle F. Smith

Name of Person

at (828)

251-1031

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. EAT 503, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," "LLC," "LIMITED LIABILITY COMPANY," "L.L.C.," "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.")

2. North Carolina 3. 26-0411659
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/17/2007 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 56 Central Avenue, Suite 201
Asheville, NC 28801
(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:

James W. Bailey, Jr. 56 Central Avenue, Suite 201, Asheville, NC 28801

Terry Price 56 Central Avenue, Suite 201 Asheville, NC 28801

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: _____
Qualified Intermediary

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.)

James W. Bailey, Jr.

Typed or printed name of signee

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OCT 16 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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:

EAT 503, LLC

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:

Stephen A. Wayner

(Name)

4111 Battersea Road


Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Miami

FL 33133

(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

EAT 503, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 17th day of July, 2007, with its period of duration being 12/31/2036.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.

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OCT - 6 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of October, 2009.

Elaine F. Marshall

Secretary of State

