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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SMITH, GAMBRELL & RUSSELL LLP

Account Number : I20020000143 Phone : (404)815-3538

Fax Number : (404)815-3509

**Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please. **

| Email | Address: | | | | | |
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Foreign Limited Liability Company Fort Walton Group, LLC

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COVER LETTER

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|--|--|--|--|--|--|
| TO: Registration Section Division of Corporations | | | | | |
| SUBJECT: Fort Walton Group, 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: | | | | | |
| Kathy M. Hennessey | | | | | |
| Name of Person | | | | | |
| Smith, Gambrell & Russell, LLP | | | | | |
| Firm/Company | | | | | |
| 50 N. Laura Street, Suite 2600 | | | | | |
| Address | | | | | |
| Jacksonville, FL 32202 | | | | | |
| City/State and Zlp Code | | | | | |
| khennessey@sgrlaw.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Kathy M. Hennessey at (904) 598-6134 | | | | | |
| Name of Person Area Code & Daytime Telephone Number MAJLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number 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 \$\int \text{\$130.00 Filing Fee & V}\$155.00 Filing Fee & \$\int \text{\$160.00 Filing Fee, Certificate}\$ Certificate of Status Certified Copy of Status & Certified Copy | | | | | |

H10000199147 3

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

| | F | ort Walton Gro | up, LLC | |
|-------------------------------|---|--|--|---|
| (Name | of Foreign Limited Liability Com | pany; must include "Li | mited Liability Company, "L.L.C.," or "LI | C.') |
| nsent of the r | ilable, enter alternate name adopt managers or managing mombers a L.C." "L.E.C.") | ed for the purpose of tra adopting the alternate n | ansacting business in Florids and attach a co ame. The atternate name must include "Limi | py of the written ted Liability |
| | Georgia | 3 | 27-3281479 | |
| (Jurisdiction company is c | under the law of which foreign li organized) | mited Hability | (FEI number, if applicable) | |
| | 8/17/10 | 5 | Perpetual | |
| , | (Date of Organization) | (D ex | uration: Year limited liability company will ist or "perpetual") | cease to |
| N/A | | •••••••••••••••••••••••••••••••••••••• | | |
| | (See sections 608,50) | d ousiness in Florida, if & 608.502 F.S. to dete | prior to registration.) smine penalty liability) | |
| 6675 Jor | nes Mill Court | | | ALCARIA |
| Norcross | s, GA 30092 | | • | S. S. |
| | | (Street Address of Princ | ripal Office) | 三清 写 |
| If limited | liability company is a mana | ger-managed compa | any, check here | |
| The name | and usual business addresse | es of the managing : | members or managers are as follows | mo 3 |
| Matthew | Ranstead | Dav | vid Kesterton | و ج |
| 6675 Jor | nes Mill Court | 66 | 75 Jones Mill Court | gn • |
| Norcross | s, GA 30092 | No. | orcross, GA 30092 | |
| Attocked in a | o outrinol and finds a Carita | | Administration of the second s | a elizer |
| iurisdiction u | n ungaki comicate or existence, n oder the law of which it is organize | o more man 90 days old, al. <i>(A pho</i> tocopy is not a | chily authenticated by the official having cust acceptable. If the certificate is in a foreign lang | DULY OF TROCKTÜS 18. NISARE, 21 |
| slation of the | certificate under oath of the translat | tormust be submitted.) | · · · · · · · · · · · · · · · · · · · | r-917 |
| Nature of | business or purposes to be | anndusted as week- | oted in Florida: Rental proper | tv |
| · 140mile OI | odomess or buildness to oc | conducted of bronk | NOT IN CIDELOR: Trender broker | • |
| | | for a business | <u> </u> | |
| | on A | an text | <i>,</i> | , |
| | | | the same of the sa | |
| | Signature of a meh | ider of an authorize | o representative of a member. | |
| | (In accordance with section | on 608,408(3), F.S., the en | o représentative of a member. seution of this document constitutés le fless seited herein are true.) | |
| | (In accordance with section an affirmation under the | on 608,408(3), F.S., the en | ocution of this document constitutes to facts stated herein are true.) Stead | |

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 t | ne Limited Liability Company is: | | |
|---------------------|--|--------------------------|--------|
| | Fort Walton Gro | up, LLC | |
| If unavailable, the | e alternate to be used in the state of F | lorida is: | |
| 2. The name and | the Florida street address of the regis | • | e are: |
| | Laura M. An | drew | |
| | (Name) | | |
| | | | |
| _ | Florida Street Address (P.O. Bo | x <u>NOT</u> ACCEPTABLE) | g. g. |
| | Jacksonville FI | 32202 | 7- |
| _ | City/Stal | | |

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)

Control No. 10057848

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, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

FORT WALTON GROUP, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 08/17/2010 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 3rd day of September, 2010

B: P. W-

Brian P. Kemp Secretary of State

Certification Number: 6131235-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/venify.asp