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(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Do	ocument Number)	,		
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

SEP 24 2010

EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6010-42923

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Landmark Dividend L	LC			
	(Name of Limited Liability Company)			
	reign Limited Liability Company for Authorization to Transact Business in , and check are submitted to register the above referenced foreign limited iness in Florida			
Please return all correspondence	concerning this matter to the following:			
Don L. Ervin				
	(Name of Person)			
Landmark Divide	end LLC			
(Firm/Company)				
1700 E. Walnut Av				
	(Address)			
El Segundo, CA	90245			
	(City/State and Zip Code)			
For further information concerning	ng this matter, please call:			
Don L. Ervin	at (310) 294-8183			
(Name of I	Person) (Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the follow \$125.00 Filing Fee \$125.00	ving amount: 30.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy			

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 Landmark Dividend LLC	
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")	te of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability
2. Delaware	27-1963201
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 9-1-2010	Ã
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	to determine penalty liability)
7. 1700 E. Walnut Ave., Suite 400, El Segundo, CA 90245	- Continue of the continue of
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	company, check here
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Jeffrey Knyal, 1700 E. Walnut Ave., Suite 400, El Segu	undo, CA 90245
Arthur P. Brazy, Jr., 1700 E. Walnut Ave., Suite 400, El	Segundo, CA 90245
10. Attached is an original certificate of existence, no more than 90 di the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	
11. Nature of business or purposes to be conducted or	promoted in Florida: Acquisition of telecom and
billboard leases	
th.	•
Signature of a member or an aut	horized representative of a member.
	S., the execution of this document constitutes
Don L. Ervin	. J the thou stated fiction are trac.)

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	of the Limited Liability Comp	any is:		
Landmark Dividend LLC If name unavailable, the alternate name to be used in the state of Florida is:				
	NRAI Services, Inc.			
		(Name)		
2731 Executive Park Drive, Suite 4				
	Florida Street Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)		
	Weston	FL 33331		
		City/State/Zip		
liability comparagent and agree relating to the p	ny at the place designated in the e to act in this capacity. I furth proper and complete performa my position fis registered agent	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes nce of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.		
()	(Signature) True St	with		
/	\$ 100.00	Filing Fee for Application		
	\$ 25.00 \$ 30.00	Designation of Registered Agent 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 "LANDMARK DIVIDEND 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LANDMARK DIVIDEND LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2010.

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

4781175 8300

100921670

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 8236420

DATE: 09-20-10

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