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To:

Division of Corporations

Fax Number : (950) 617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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Foreign Limited Liability Company DG Wellborn, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	05	
Estimated Charge	\$125.00	

S. HAWKES

OCT 2 0 2010

EXAMINER

COVER LETTER

SUECT: US DG Wellborn,	
	Name of Limited Liability Company
	Liability Company for Authorization to Transact Business in Plorida," Certific the above referenced foreign (limited liability company to transact business in Fl
e return all correspondence concerning th	is matter to the following:
Tricia Carter	
	Name of Person
Kleinpeter & Kle	inyetar
	Firm/Company
7644 Old H	ammond Highway
	Address
Baton Rouge, LA	70809
	City/State and Zip Code
tricia@kleinpeter-1	aw.com
E-mall addre	ess: (to be used for future annual report notification)
further information concerning this matter	piessa cail:
fricía Carter	at (225) 926-5093
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tellahassoc, FL 32314	2661 Executive Center Circle Tallahussee, FL 32301

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

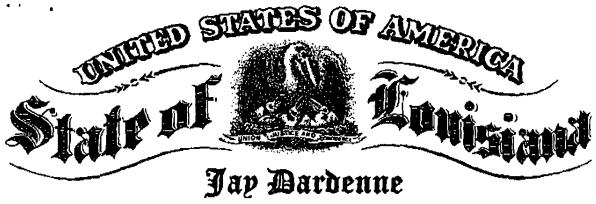
IN COMPLIANCE WITH SECTION 608.503, FLORIDA SIXTUTIES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST	ATEOF FLORIDA:
DC Wellborn, LLC (Name of Foreign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alterna Company," "L.L.C." "LLC.")	
2. Louisiana 3.	(PEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)	
4. 10/6/10 5.	Perpetual (Duration: Year limited liability company will cease to
	(Duration: Year limited liability company will cease (a) exist or "perpetual")
6. (Date first transacted business in Floric (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) determine penalty liability)
7.	
7638 Old Hammond Highway, Baton Ro	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	
9. The name and usual business addresses of the manager Richard M. Hill, Manager, 7638 Old H	ammond Highway, Baton Rouge, LA 70809
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under eath of the translator must be submit	s not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	romoted in Florida:
Commercial Real Estate Inv	estment
= Thisherd N	1. Aul
Signature of a member of an auth-	orized representative of a member.
	I am aware that any false information submitted in a
·	third degree felony as provided for in s.817.155, F.S.)
Richard M Hill Typed or printed n	ame 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.

DG_Wel	lborn, LLC		
If unavaila	ble, the alternate to be used	in the state of Florida is:	
2. The nar	ne and the Florida street add	dress of the registered agent and office are:	
	C T Corporation System		
		(Namc)	
	1200 South Pine Island Ro		
	Florida Stre	eel Address (P.O. Box NOT ACCEPTABLE)	
,	Plantation	- 22224	
		FL 33324	_
		City/State/Zip	-
liability coi agent and c relating to	mpany at the place designate ogree to act in this capacity. the proper and complete per	City/State/Zip I and to accept service of process for the above sed in this certificate. I hereby accept the appoint I further agree to comply with the provisions of formance of my duties, and I am familiar with a I agent as provided for in Chapter 608, Florida S	ment as registered all statutes nd accept the Statutes
liability coi agent and c relating to	mpany at the place designate agree to act in this capacity. the proper and complete per of niy position as registered (C) Corporation	City/State/Zip I and to accept service of process for the above sed in this certificate. I hereby accept the appoint. I further agree to comply with the provisions af formance of my duties, and I am familiar with a laggificas provided for in Chapter 608, Florida S	ment as registered all statutes nd accept the Statutes
liability coi agent and c relating to	mpany at the place designate agree to act in this capacity. the proper and complete per of my position as registered CTC capacition. By: ### CTC capacition as CTC capacition as CTC capacition.	City/State/Zip I and to accept service of process for the above sed in this certificate. I hereby accept the appoint I further agree to comply with the provisions of formance of my duties, and I am familiar with a lagoni as provided for in Chapter 608, Florida Sessem Jayna Nickell (Signature) ASST. Secretar 00.00 Filing Fee for Application	ment as registered all statutes nd accept the Statutes
liability coi agent and c relating to	mpany at the place designate agree to act in this capacity. the proper and complete per sof my position as registered CT Composition By: \$ 10 \$ \$ 10 \$ \$ 20 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	City/State/Zip I and to accept service of process for the above sed in this certificate. I hereby accept the appoint. I further agree to comply with the provisions of formance of my duties, and I am familiar with a lagoni as provided for in Chapter 608, Florida Sessem Jayna Nickell (Signature) ASST. Secretan	ment as registered all statutes nd accept the Statutes



SECRETARY OF STATE

As Scoretary of State of the State of Louisiana I do hereby Certify that

DG WELLBORN, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on October 06, 2010,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 19, 2010

Certificate ID: 10109744#CSL73

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the Instructions displayed.

www.sos.louislana.gov

Sociolary of State