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| <b>(D</b>                    | estor's Name)   |             |
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| PICK-UP                      | WAIT            | MAIL        |
| . (Bu <b>s</b> ir            | ness Entity Nar | ne)         |
| (Docu                        | ment Number)    |             |
| Certified Copies             | Certificates    | s of Status |
| Special Instructions to Fill | ing Officer:    |             |
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SECRETARY OF STATE
STATE OF CORPORATIONS

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**EXAMINER** 

#### **COVER LETTER**

|                 | egistration Section vision of Corporations  | OWNER OF COL       |
|-----------------|---|--------------------|
|                 |   | 0                  |
| SUBJECT         | Fifth Point Properties, LLC   | 2 9.5              |
|                 | Name of Limited Liability Company   | <b>13</b> Ch       |
| Existence,      | ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floricand check are submitted to register the above referenced foreign limited liability company to transact burn all correspondence concerning this matter to the following:  | la," Certifices of |
|                 | Tracy L. Whitman, Paralegal   |                    |
|                 | Name of Person  | _                  |
|                 | Baker & Daniels LLP   | _                  |
|                 | Firm/Company  |                    |
|                 | 600 East 96th Street, Suite 600   | <del>-</del>       |
|                 | Address   |                    |
|                 | Indianapolis, IN 46240  | _                  |
|                 | City/State and Zip Code   |                    |
|                 | E-mail address: (to be used for future annual report notification)  | _                  |
| For further     | information concerning this matter, please call:  |                    |
|                 | Tracy L. Whitman at ( 317 ) 569-4884  | _                  |
|                 | Name of Person Area Code & Daytime Telephone Number   |                    |
| Di<br>Re<br>P.0 | AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, 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 \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum |                    |

### 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: Fifth Point Properties, 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 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.") Indiana (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) September 9, 2003 (Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual") 6. Upon registration (Date first transacted business in Florida, if prior to registration.) (See sections 608 501 & 608.502 F.S. to determine penalty liability) 7 9 Lewis Street, Lexington, VA 24450 (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: R. Bradley Beacham, Manager, 9 Lewis Street, Lexington, VA 24450 Timothy C Huffmyer, Manager, 9 Lewis Street, Lexington, VA 24450 Nicholas L. Murphy, Manager, 9 Lewis Street, Lexington, VA 24450 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: Real Estate Holding Signature of a member or an authorized representative of a member. (In accordance with section 608 408(3), FS, the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Nicholas L. Murphy, Manager

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:                                 |             |
|--|-------------|
| Fifth Point Properties, 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 an | re:         |
| . Kelly Overstreet Johnson   |             |
| (Name)   |             |
| 215 South Monroe Street, Suite 400   |             |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                 | <del></del> |
| Tallahassee FL 32301   |             |
| City/State/Zip   | <del></del> |

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)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### FIFTH POINT PROPERTIES, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on September 09, 2003, and was in existence or authorized to transact business in the State of Indiana on November 29, 2010.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Ninth Day of November, 2010.

TODD ROKITA, Secretary of State

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