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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number : (850)878-5368

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

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### Foreign Limited Liability Company 84 Holdings 3, LLC

| C 18 . CO.            |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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J. SAULSBERRY **EXAMINER** 

JAN 1 3 2011

## COVER LETTER

|                       | on Section<br>of Corporations                                        |                                                         |                              |      |
|-----------------------|----------------------------------------------------------------------|---------------------------------------------------------|------------------------------|------|
| SUBJECT: 84 H         | oldings 3, LLC                                                       | Name of Limited Lizbility Company                       | _                            |      |
|                       | dication by Foreign Limited Li                                       | iability Company for Authorization to Transact Busine   |                              |      |
| ,                     | _                                                                    | e above referenced foreign limited liability company to | transact business in Florida | 1    |
| Please return all co  | rrespondence concerning this                                         | matter to the following:                                |                              |      |
| _                     |                                                                      |                                                         |                              |      |
|                       |                                                                      | Name of Person                                          |                              |      |
| _                     |                                                                      | P:/0                                                    |                              |      |
|                       |                                                                      | Firm/Company                                            | <b>5</b> 8                   |      |
| _                     |                                                                      | Address                                                 |                              | 77/4 |
|                       |                                                                      |                                                         | JAN 12                       | -    |
|                       |                                                                      | City/State and Zip Code                                 |                              |      |
|                       |                                                                      | carisend@84lumbor.com                                   | AM 10: 03                    | O    |
|                       | E-mail address                                                       | (to be used for future annual report notification)      |                              |      |
| For further informs   | ation concerning this matter, pl                                     | lease call:                                             | ٠,٠                          |      |
|                       |                                                                      | at ()                                                   |                              |      |
|                       | Name of Person                                                       | Area Code & Daytime Telephone Number                    |                              |      |
|                       | G ADDRESS: of Corporations                                           | STREET ADDRESS: Division of Corporations                |                              |      |
| Registration P.O. Box | on Section<br>6327                                                   | Registration Section Clifton Building                   |                              |      |
| Tallahasse            | oe, FL 32314                                                         | 2661 Executive Center Circle Tallahassee, FL 32301      |                              |      |
| Enclosed is a ch      | eck for the following amoiling Fee \$130.00 Filing Certificate of \$ | Fee & \$155.00 Filing Fee & \$160.00 Filing             |                              |      |

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A PORFICE LIMITED LARGIFFUL TO COMPANY TO TRANSACT IN KINKSS IN THE STATE OF ELORIDA.

|     | 84 Holdings 3, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")                                                                                                                                                                                                                               |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CO  | name unavailable, unter alternate name adopted for the purpose of transacting business in Plorida and attach a copy of the written users of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C." "LLC.")                                                                       |
|     | Pennsylvania (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)                                                                                                                                                                                                                                |
| 4,  | 09/10/2010  (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")                                                                                                                                                                                                                               |
| 6.  | Upon Qualification  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)                                                                                                                                                                                             |
| 7.  | 1019 Route 519, Eighty Four, PA 15330                                                                                                                                                                                                                                                                                                                        |
|     | (Street Address of Principal (Thick)                                                                                                                                                                                                                                                                                                                         |
|     |                                                                                                                                                                                                                                                                                                                                                              |
| 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:  Magnetic H. Magneto 1918 Route \$19 Fighty Four PA 15330                                                                                                                                                                                                          |
|     | Margaret H. Magerko, 1019 Route 519, Eighty Four, PA 15330                                                                                                                                                                                                                                                                                                   |
|     |                                                                                                                                                                                                                                                                                                                                                              |
| the | Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation of the certificate under eath of the translator must be submitted.) |
| 11. | Nature of business or purposes to be conducted or promoted in Florida:                                                                                                                                                                                                                                                                                       |
|     | real estate                                                                                                                                                                                                                                                                                                                                                  |
|     | Signature of a phember or an authorized representative of a member.                                                                                                                                                                                                                                                                                          |
|     | Signature of a member or an authorized representative of a member.                                                                                                                                                                                                                                                                                           |
|     | (In accordance with section 603,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)                 |
|     | Margaret H. Magerko                                                                                                                                                                                                                                                                                                                                          |
|     | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>           |
| C T Corporation System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |
| (Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2011 JAN 12           |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |
| Plantation FL 33324 City/State/Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AM 10: 03             |
| Having been named as registered agent and to accept service of process for the above stated limit liability company at the place designated in this certificate, I hereby accept the appointment as reagent and agree to act in this capacity. I further agree to comply with the provisions of all statute relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.  C T Corporation System  JAMES M. NEWSOME  (Signature) | ted<br>gistered<br>es |
| \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)                                                                                                                                                                                                                                                                                                                                                                                                           |                       |

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE JANUARY 11, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### 84 HOLDINGS 3, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

2011 JAN 12 AM 10: 03



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Basil L. Merendo

Certification Number: 9232738-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/veniy.asp