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G. MCLEOD

MAR 3 0 2011

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: LBA-GSA Marianna, LLC	•
Name of Limited Liability Company	•
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Flor Existence, and check are submitted to register the above referenced foreign limited liability company to transact	rids," Cartificata of business in Florida
Please return all correspondence concerning this matter to the following:	
Bill Davis	• ,
Namo of Person	_
LBA-GSA Marianna, LLC	·
Firm/Company	ASS -
2733 Ross Clark Circle	T MAR 29 CORETAR) L'AHASSI
Address	ASE ₹
Dothan, AL 36301	9 PI SEE.
City/State and Zip Code	- F S - C
billd@Lbaproperties.com B-roall address to be used for future annual report polification)	PH 3: 06 OF STATE EE. FLORIDA
n-mail angless: to be used for their annual report politication)	
For further information concerning this matter, please call:	
Lisa Coleman 11334, 193-6855	asa aires
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section	
P.O. Box 6327 Ciffon Building	
Tallahassae, PL 32314 2661 Executive Center Circle Tallahassee, PL 32301	•
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Cartificate 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 FORE. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ŒΝ
1. LBA-GSA Marianna, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Affine inequalible enter attended and death of the second field and the	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and suach a copy of the write consent of the managers or managing members adopting the alternate name, The alternate name must include "Limited Liability"	A n
Company," "LLC," "LLC.")	
2. Alabama 3. 27-5083465 (Fest number, if applicable)	
company is organized)	
4. Jan. 5, 2011 s. Perpetual	
(Date of Organization) (Duration: Year limited liability company will coase to exist or "perpotual")	
6. \(\overline{\text{Z}} \subset =	
(Date first transacted business in Floride, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	I
7. 2733 Ross Clark Circle	MAR 29
(Street Address of Principal Office)	3
8. If limited liability company is a manager-managed company, check here 🛭 💢	ب
94. 65	90
9. The name and usual business addresses of the managing members or managers are as follows:	
Larry Blumbag - P.O. Box 55 66, Dothan, AL 36302	
Samuel T. Benton III - P.O. Box 5566 Dothan, AL 36302	
William F. bauls, JrP.D. Box 55 66 Dothan, AL 36302	
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 caustation of the certificate under ceth of the translator must be automitted.)	ħ
1. Nature of business or purposes to be conducted or promoted in Florida:	
Lessor of nonracidential buildings	
FW TO	
Signature of a racinoer or an authorized representative of a member.	•
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an uffirmation under the	
penalties of perfury that the facts stated berein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817.155, F.S.)	
William F. Davis, Jr - Member	
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.

	GSA MANANDA, Li	·	
The nan	ne and the Florida street address o	of the registered agent and office are:	·
	CT Corporation System		
	, <u>, , , , , , , , , , , , , , , , , , </u>	(Name)	-
	1200 South Pine Island Road	1	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		- (%) \$1	
	Plantation	หา 33324	14(1), (1) 11(1)
		City/State/Zip	e e e e e e e e e e e e e e e e e e e
lity con at and a ting to t	npany at the place designated in thi gree to act in this capacity. I furth he proper and complete performan	accept service of process for the above is certificate, I hereby accept the appoint or agree to comply with the provisions of ce of my duties, and I am familiar with a provided for in Chapter 608, Florida Denny Vetdecch	tment as registered fall statutes and accept the

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

AND STATE

\$ 100.00 Filing Fee for Application

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that LBA-GSA Marianna, LLC was formed in Houston County, Alabama on January 5, 2011. The Alabama Entity Identification number for this entity is 305-902. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

3/29/2011

Date

Beth Chapman

Beth Chapman

Secretary of State