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JUL 29 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Dossett GP, L.L.C.				
Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Merritt B. Chastain, Jr.	_			
Name of Person				
The Smitherman Law Firm, L.C.				
Firm/Company	•			
8570 Business Park Drive, Suite 100				
Address	•			
Shreveport, Louisiana 71105	_			
City/State and Zip Code	•			
mchastain@mbcjrlaw.com				
E-mail address: (to be used for future annual report notification)	<u> </u>			
For further information concerning this matter, please call:	S Francis			
Merritt B. Chastain, Jr. at (318) 227-1990				
Name of Person Area Code & Daytime Telephone Number	ಲು ^{ಇನ್}			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	20			
Enclosed is a check for the following amount: \$\int\\$125.00\text{ Filing Fee & Certificate of Status}\$\$ \$\int\\$125.00\text{ Filing Fee & Certified Copy}\$\$ \$\int\\$160.00\text{ Filing Fee & Certified Copy}\$\$ \$\int\\$160.00\text{ Filing Fee & Certified Copy}\$\$ \$\int\\$160.00\text{ Filing Fee & Certified Copy}\$\$	cate y			

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:

LII	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1.	Dossett GP, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	" or "LLC.")	
	(Name of Foreign Elimited Elability Company, must mediate Elimited Elability Company, Elibic	,, or <u>B</u> 20. ,	
col	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and nsent of the managers or managing members adopting the alternate name. The alternate name must incompany," "L.L.C," "LLC.")	attach a copy of the written lude "Limited Liability	
2.	Louisiana (Jurisdiction under the law of which foreign limited liability (FEI number, if application)		
,	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applications or application of the law of which foreign limited liability company is organized)	ible)	
4.	January 21, 2011 5. 75 years from date of formation	date of formation	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	July 29, 2011		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	AS -	
7.	101 Milam Street		
	Shreveport, Louisiana 71101	Services States	
	(Street Address of Principal Office)		
8.	If limited liability company is a manager-managed company, check here	- 5 <u>%</u> 다 *** *	
9.	The name and usual business addresses of the managing members or managers are a	s fo∏ows:∾	
	Stanton Dossett II, 101 Milam Street, Shreveport, Louisiana 71101	_	
	Stanton Dossett III, 101 Milam Street, Shreveport, Louisiana 71101		
the	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a inslation of the certificate under oath of the translator must be submitted.)		
11	. Nature of business or purposes to be conducted or promoted in Florida: multifami	ly housing	
	ownership and operation		
	SOF.	<i>:</i>	
	Signature of a member of an authorized representative of a memb	er.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirma	tion under the	
	penalties of perjury that the facts stated herein are true. I am aware that any false information document to the Department of State constitutes a third degree felony as provided for in		

Stanton Dossett III, 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:	
Dossett GP, L.L.C.	
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:	
Richard G. Coker, Jr.	
(Name)	

(Name)

1404 South Andrews Avenue

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Fort Lauderdale,

City/State/Zip

PACCEPTABLE)

ACCEPTABLE)

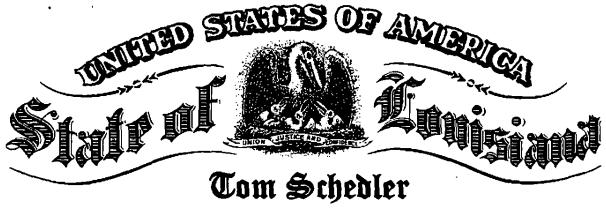
FL 33316-1840

City/State/Zip

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)



SECRETARY OF STATE

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

DOSSETT GP, L.L.C.

A limited liability company domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on January 21, 2011,

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,

Scorolary of State

July 28, 2011

Certificate ID: 10188413#8EG62

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

www.sos.louislana.gov

Web 40407384K