Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110002490313)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1C <del>3</del>2 Phone : (850)878-5358 Fax Number

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

Email Address:

### Foreign Limited Liability Company North Port SLC, LLC

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

J. BRYAN

OCT 17 2011

EXAMMER

#### COVER LETTER

Name of Limited Liability Company  The enclosed "Application by Foreign Limited Liability Company for Authorizatio: 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:    Jeff Carmichae	SUBJECT: N	orth Port SLC, LLC		
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:  Jeff Carmichael  Name of Person  North Port SLC, LLC  Firm/Company  2120 Northgate Park Lane, Suite 102  Address  Chattanooga, TN 37415  City/State and Zip Code  jeff. carmichael@omegacommunities.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeff Carmichael  Name of Person  Area Code & Daytime Telephone Number  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clitton Building P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  [\$125.00 Filing Fee   \$130.00 Filing Fee & \$\$155.00 Filing Fee & \$\$156.000 Filing Fee, Certificate		Nam	ne of Limited Liability Compary	
North Port SLC, LLC  Firm/Company  2120 Northgate Park Lane, Suite 102  Address  Chattanooga, TN 37415  City/State and Zip Code  jeff. carmichael@omegacommunities.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeff Carmichael  Name of Person  Area Code & Daytime Tel-sphone Number  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:  [3125.00 Filing Fee [\$130.00 Filing Fee & [\$155.00 Filing Fee & [\$160.00 Filing Fee, Certificate]	The enclosed "A Existence, and o	application by Foreign Limited Liabi hock are submitted to register the ab	lity Company for Authorization to Transact Business in Fove referenced foreign limited liability company to transa	lorida," Certificate of ct business in Florida
North Port SLC, LLC  Firm/Company  2120 Northgate Park Lane, Suite 102  Address  Chattanooga, TN 37415  City/State and Zip Code  jeff.carmichael@omegacommunities.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeff Carmichael  Name of Person  Area Code & Daytime Telephone Number  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314  Enclosed is a check for the following amount:  [3125.00 Filing Fee [3130.00 Filing Fee & [\$150.00 Filing Fee, Certificate]  [3125.00 Filing Fee [3130.00 Filing Fee, Certificate]	Please return all	correspondence concerning this mat	ter to the following:	
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Jeff Carmichael   348-2843 Ext 204     Name of Person   Area Code & Daytime Telephone Number		eff.carmichael@omega	acommunities.com	
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		Filing Fee \$130.00 Filing Fee &	& \$155.00 Filing Fee & \$160.00 Filing Fee, Co	
		•		
			•	••

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

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	Œ,Çi
1. North Port SLC, LLC	٠.
(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 wiconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 10/ <b>13</b> /11 5. perpetual	
(Date of Organization) (Duration: 'ear limited liability company will cease to exist or "per petual")	-
6.	Ź
(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F,S. to determine p malty liability)	<u>_</u>
7 2120 Northgate Park Lane	E
Chattanooga, Tennessee 37415	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here 🗸	ζ
9. The name and usual business addresses of the managing members or managers are as follows:	
Patrick L. Trammell, Jr., Member and Manager, 2 Metroplex Drive, Suite 202 Birmingham, AL 35209	
Bert M. Guy, Member, PO Box 3206, Tuscaloosa, AL 35403	
	•
10. Attached is an original certificate of existence, no more than 90 days old, duly as thenticated by the official having custody of record he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under eath of the translator must be submitted.)	ds in
1. Nature of business or purposes to be conducted or promoted in Florida: the purchase, sale, leasing,	
development and management of real estate	
'BAND	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(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 relong as provided for in s.817.155, F.S.)	
Bert M. Guy, Member	

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 508.507, 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:	٠	,	
North Port SLC, 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 are:	PAGE AND	# OCT	( )
CT Corporation System	29	, = T	
(Name)	SE SE	3 3	1
1200 South Pine Island Road		٠.	L
Florida Street Address (P.O. Box NOT ACCEPTABLE)	75	100 m	
Plantation FL 33324		•	
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)

Danny Verdecchia, Jr. Asst. Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTH PORT SIC, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF OCTOBER, A.D. 2011.

8300

AUTHENTICATION: 9092537

DATE: 10-14-11