Division of Corporations Electronic Filing Cover Sheet

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(((H11000262968 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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73 mar 2 9	Address:			
Tuerr	Address:			

### Foreign Limited Liability Company DG BELLEVIEW, LLC

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

#### COVER LETTER

	tration Section on of Corporations						
SUBJECT: D	OG BELLEVIEW, LLC						
Name of Limited Liability Company							
		ty Compuny for Authorization to Transact Business in Florida," Certificate of we referenced foreign limited liability company to transact business in Florida.					
Please return al	If correspondence concerning this matter	er to the following.					
	A. Mitchell Richardson						
	Nane of Person .						
	DG BELLEVIEW, LLC						
		Pinn/Company					
	7650 Old Hammond Highway						
	Address						
	BATON ROUGE, LA 70809						
	City/State and Zip Code						
	MITCH@HCI-LA.COM						
E-mail address: (to be used for future annual report notification)							
For further inf	formation concerning this matter, please	e call:					
A. Mitchell Richardson at ( 225 ) 218-8889							
Name of Person		Area Code & Daytime Telephone Number					
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6127 shassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	a check for the following amour 3.00 Filing Fee \$130.00 Filing Fee Certificate of State	: & [3155 00 Filing Fee & [5160.00 Filing Fee, Curtificate					

\*

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

11	I COMPLIANCE WITH SECTION 608:503, FLORIDA STATU, MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN 11:	II ES IE S	, THE FOLLOWING IS SUBMITTED TO REGISTER A FO. TATEOFFLORIDA:	REIG
	DG BELLEVIEW, LLC			
	(Name of Foreign Limited Liability Company; must inc	lud	"Limited Liability Company," "L.L.C.," or "LI.C.")	
ÇÇ	f name unavailable, enter alternate name adopted for the pur insent of the managers or managing members adopting the al impany," "L.L.C." "LL.C.")	pose	of transacting business in Florida and attach a copy of the ate name. The alternate name must include "Limited Liabili	writte: ty
2.	Louisiana	7	45-3725900	
	(Jurisdiction under the law of which foreign limited hability company is organized)	,	(FEI number, if applicable)	
4.	October 27, 2011	5.	perpetual	
	(Date of Organization)		(Duration: Year limited hability company will cease to exist or "perpetual")	
6				
	(Date first transacted business in I (See sections 608 501 & 608 502 F	Flor S. t	ida, if prior to registration.) o delermine penalty fiability)	
7	7. 7650 Old Hammond Highway, Haton Rouge, Louisiana 70809			
	(Street Addre	SS 0	Principal Office)	
8	If limited liability company is a manager-manage	ed c	ompany, check here 🗵	
9	. The name and usual business addresses of the ma	១០៦,	ging members or managers are as follows:	
	Richard M. Hill, 7650 Old Hammond Highway, Baton Ro	uge	Louisiana 70809	
ŧ	O. Attached is an original certificate of existence, no more than 9 acjurisdiction under the law of which it is organized. (A photoconstation of the certificate under onth of the translator must be sa	X)da	rys old, duly authenticated by the official having custody of rec is not acceptable. If the certificate is in a foreign language, a	ords i
ì	1. Nature of business or purposes to be conducted	or	promoted in Florida:	
	commercial real estate investment			Z.

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 felony as provided for in s.817.155, F.S.)

Richard M. Hill

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.

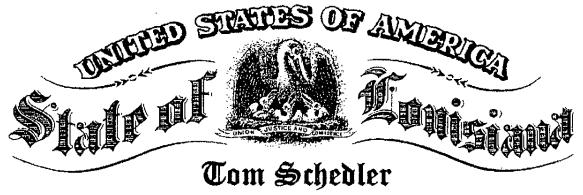
1. The name of the Limited Liability Con	npany is:
DG BELLEVIEW, LLC	
If unavailable, the alternate to be used in	the state of Florida is:
2. The name and the Florida street address	ss of the registered agent and office are:
C T Corporation System	
	(Nume)
1200 South Pine Island Road	
Florida Succt A	Addiess (P.O. Box NOT ACCEPTABLE)
Plantation	F <u>L</u> 33324
	City/State/Zip
liability company at the place designated in agent and agree to act in this capacity. If relating to the proper and complete perfor obligations of my position as registered agent and the proper and complete performance of the properties of the pr	ad to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as registered further agree to comply with the provisions of all statutes mance of my duties, and I am familiar with and accept the tent as provided for in Chapter 608, Florida Statutes  Lisa DuBois  Asst. Secretary

Filing Fee for Application
Designation of Registered Agent

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

\$ 100.00

\$ 25.00



SECRETARY OF STATE

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

#### DG BELLEVIEW, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on October 27, 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,

November 2, 2011

Certificate ID: 10215698#C4P83

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

www.sos.louisiana.gov

Secretary of State
Web 40651849K