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EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Osprey Bay Building and Development, LLC	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certification Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	ate of orida
Please return all correspondence concerning this matter to the following:	
Lee A. Rose	
Name of Person	
Osprey Bay Building and Development, LLC	
Firm/Company	
1114 Benfield Blvd. Suite L	
Address	
Millersville, MD 21108	
City/State and Zip Code	
Lrose@osprey-bay.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lee A. Rose at (410) 729-4214	
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 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\int_{125.00}^{125.00} \text{ Filing Fee} \int_{130.00}^{130.00} \text{ Filing Fee & Certificate of Status} \int_{155.00}^{155.00} \text{ Filing Fee & Certificate Copy} \int_{160.00}^{160.00} \text{ Filing Fee, Certificate Copy} \text	

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 RUSINESS IN THE STATE OF FLORIDA:

Osprey Bay Building and Development, LLC (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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. State of Maryland 3. 90-0415006
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 2/20/2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1114 Benfield Blvd. Suite L
Millersville, MD 21108
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 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:
Lee A. Rose 1114 Benfield Blvd. Suite L Millersville, MD 21108
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 translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Construction and remodeling

Lee a Cope
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.)

Typed or printed name of signee

Lee A. Rose

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	e of the Limited Liability Co	mp	eany is:			
Osprey	Bay Building and D	ev	relopment, LLC			
If unavailab	le, the alternate to be used in	the	e state of Florida is:			
2. The name	e and the Florida street addre	ess ·	of the registered agent and office arc:			
	NRAI Services, INC					
			(Name)	~		
	515 East Park Aver	ทนเ	e	_		
	Florida Street	Add	ress (P.O. Box NOT ACCEPTABLE)			
	Tallahassee		FL 32301	-		
			City/State/Zip			
liability comp agent and ag relating to th	pany at the place designated in tree to act in this capacity. If the proper and complete perfor finy position at registered of	in il furti	o accept service of process for the above so his certificate, I hereby accept the appoint the agree to comply with the provisions of the of my duties, and I am familiar with an as provided for in Chapter 608, Florida S WEAL SUVICU, MC Wendy D Rea, Assistant Secretal ature)	nent as re all statute ud accept tatutes.	gistered es the	
		0.0		אנוני. אנוני	2011 DEC 20	
	\$ 100. \$ 25.		Filing Fee for Application Designation of Registered Agent	AHASS AHASS	33	_
	\$ 30.	00	Certified Copy (optional)	SSE	20	ř

\$ 5.00 Certificate of Status (optional)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT OSPREY BAY BUILDING AND DEVELOPMENT, LLC, REGISTERED MARCH 11, 2008, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 05, 2011.

Paul B. Anderson Charter Division

Faul B. Under



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097