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C. LEWIS

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EXAMINER

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: MAGNOLIA BLUFF, LL	
	Nam	e of Limited Liability Company
		lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning this mat	tter to the following:
	William F. Lawler	
		Name of Person
	MAGNOLIA BLUFF, LLC	P: //
		Firm/Company
	3505 Cedar Lane Drive	
		Address
	Tallahassee, FL 32312	
		City/State and Zip Code
	wflawler@yahoo.com	
	E-mail address: (to	o be used for future annual report notification)
For fur	ther information concerning this matter, pleas	se cali:
	William F. Lawler	at (813) 7898974
	Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations	Division of Corporations
	Registration Section P.O. Box 6327	Registration Section Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclo	sed is a check for the following amour \$125.00 Filing Fee Certificate of State	e & \$\Bigcap\$\\$155.00 Filing Fee & \$\Bigcap\$\\$160.00 Filing Fee, Certificate

### 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 HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. MAGNOLIA BLUFF, 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 w consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilit Company," "L.L.C," "LLC.")	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. N/A (FEI number, if applicable)	
4. 3/13/2012  (Date of Organization)  5. Perpetual  (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. 3505 Cedar Lane Drive	Brown.
Tallahassee, FL 32312	A STATE OF
(Street Address of Principal Office)	raras È
8. If limited liability company is a manager-managed company, check here	O
9. The name and usual business addresses of the managing members or managers are as follows 7	
William F. Lawler	
3505 Cedar Lane Drive	
Tallahassee, FL 32312	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording 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 oath of the translator must be submitted.)	rds in
11. Nature of business or purposes to be conducted or promoted in Florida: Real estate	
Signature of a member or an authorized representative of a member.  (In accordance with action 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

## 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 Com MAGNOLIA BLUFF, LLC	ipany is:	
If unavailable, the alternate to be used in the	he state of Florida is:	
2. The name and the Florida street address	s of the registered agent and office are:	
William F. Lawler	(Name)	ALLAND THE
3505 Cedar Lane Dr		ASSEE PR
Tallahassee	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)  FI 32312	7.72
Tallanacece	City/State/Zip	<del></del> >*
Having heen named as registered agent and	to accent comics of process for the abo	we stated limited

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)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MAGNOLIA BLUFF, 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 THIRTEENTH DAY OF MARCH, A.D. 2012.

5123684 8300

120303997

You may varify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State

AUTHENTACATION: 9428926

DATE: 03-13-12