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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER MAY 4 2012

COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT: ISLAND WAY TOWE	ERS, L.L.C.			
	me of Limited Liability Company			
The enclosed "Application by Foreign Limited Lial Existence, and check are submitted to register the a	bility Company for Authorization to Transact Business in I bove referenced foreign limited liability company to transa	Florida," act busin	Certific ess in F	ate of lorida
Please return all correspondence concerning this m	atter to the following:			
TIMOTHY J. BRADLEY			•	
	Name of Person			
BRADLEY & MOREAU -	REAL TITLE CO.	TAL	201	
	Firm/Company :	LCR	2 #	
1318 CAMELLIA BOUL	EVARD	ETAR HASS	2012 HAY -L	
	Address			רוון
LAFAYETTE, LA 70508		STA FLOR	AM 8: 42	
	City/State and Zip Code	D.C.	$\dot{\sim}$	
tim@realtitle.net	,			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, plea	se call:			
TIMOTHY J. BRADLEY	at (337) 288-7664			
Name of Person	Area Code & Daytime Telephone Number			
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			
Enclosed is a check for the following amou \$125.00 Filing Fee \$\int \text{State} \text{Certificate of State}\$	ee & S155.00 Filing Fee & \$160.00 Filing Fee, C		3	

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:

ISLAND WAY TOWERS, L.L.C. (Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability
2. LOUISIANA 3	45-5070311
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. APRIL, 2012 5	PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	to determine penalty liability)
7. 8609 POSTWOOD CIRCLE, TAMPA, FL	
	FLOW &
(Street Address	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	aging members or managers are as follows:
RICHARD PAUL BEAULLIEU	······································
2851 JOHNSTON STREET PMB #550	
LAFAYETTE, LA 70503	
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under eath of the translator must be subn	1 2 2 4 7
11. Nature of business or purposes to be conducted or	promoted in Florida: REAL ESTATE
INVESTING Richard Revel 1	Beullea
	thorized representative of a member.
(In accordance with section 608.408(3), F.S., the execu	ition of this document constitutes an affirmation under the

RICHARD PAUL BEAULLIEU

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.)

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:		
ISLAND WAY TOWERS, 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:	2012 MAY -4 SECRETARY	
IVONNE ROSADO	Y-4 TARY ASSE	-
(Name)	E.F.	iT
8609 POSTWOOD CIRCLE, TAMPA, FL 33614	1 8: 42 STATE LORIDA	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	¥ ~	
FL	•	
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.

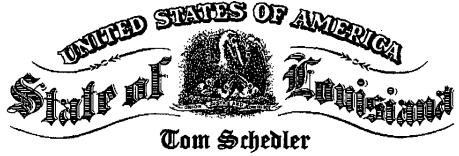
(Signature)

\$ 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 Scoretary of State, of the State of Louisiana I do hereby Certify that

ISLAND WAY TOWERS, L.L.C.

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on April 17, 2012,

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.

SECRETARÝ OF STATI TALLAHASSEE, FLORII

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,

May 4, 2012

Secretary of State

Web 40808604K



Certificate ID: 10270373#ULJ62

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

Page 1 of 1 on 5/4/2012 8:46:54 AM