## M12000002725

Office Use Only

G. MCLEOD

MAY 16 2012

**EXAMINER** 



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## COVER LETTER

TO: Registration Section of Division of Corporations
SUBJECT: CRESCENT ST. PETE, L.L.C.
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori
Please return all correspondence concerning this matter to the following:
TIMOTHY J. BRADLEY
Name of Person
BRADLEY & MOREAU - REAL TITLE CO.
Firm/Company
1318 CAMELLIA BOULEVARD
Address
LAFAYETTE, LA 70508
City/State and Zip Code
tim@realtitle.net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIMOTHY J. BRADLEY at (337 ) 288-7664
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\int_{125.00}\$ \text{Filing Fee} \int_{130.00}\$ \text{Filing Fee & Certificate of Status} \int_{155.00}\$ \text{Filing Fee & Certified Copy} \int_{160.00}\$ \text{Filing Fee, Certificate of Status} \text{Certified Copy}

## 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 FOREKEN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. CRESCENT ST. PETE, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.EC.") CRESCENT LAKES ST. PETE, L.L.C. (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. LOUISIANA (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 5. PERPETUAL 4. MAY 2012 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 8609 POSTWOOD CIRCLE, TAMPA, FL 33614 (Street Address of Principal Office) 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: RICHARD PAUL BEAULLIEU 2851 JOHNSTON STREET PMB #550 LAFAYETTE, LA 70503 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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

REAL ESTATE INVESTING 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 PAUL BEAULLIEU

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 Company is:
CRESCENT ST. PETE, L.L.C.
If unavailable, the alternate to be used in the state of Florida is:
CRESCENT LAKES ST. PETE, L.L.C.
2. The name and the Florida street address of the registered agent and office are:
IVONNE ROSADO
(Name)
8609 POSTWOOD CIRCLE
Florida Street Address (P.O. Box NOT ACCEPTABLE)
TAMPA FL 33614
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.

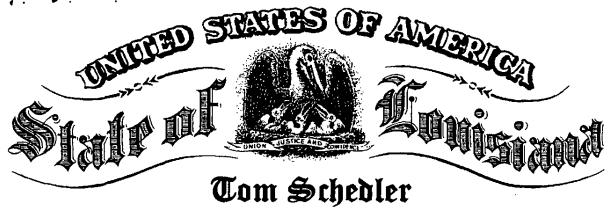
(Signature)

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

**CRESCENT ST. PETE, L.L.C.** 

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on May 09, 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.

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,

JIMUUUU Secretary of State

May 10, 2012

Certificate ID: 10272213#VXB42

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

www.sos.louisiana.gov

Web 40830683K