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(City/State/Zip/Phone #)	09/13/1201030004 **125.00
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CONTACT:	<u>Kim Weiden</u>	<u>bach</u>							
DATE:	<u>09/13/12</u>								
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CORP. NAME:	<u>300 WEST L</u>	IME (LA)	KELAND)	<u>, LLC</u>					
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- () REINSTATEMENT () MERGER
- () CERTIFICATE OF CANCELLATION
- () OTHER:

STATE FEES PREPAID WITH CHECK# 100965 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_ COST LIMIT: \$_____

PLEASE RETURN:

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

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:

1.	300	West	Lime	(Lakeland).	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. Arkansas 46-0823534 3. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
- August 20, 2012 4 (Date of Organization)

Perpetual 5 (Duration: Year limited liability company will cease to exist or "perpetual")

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N/A б.

(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7 400 West Capitol Ave, Suite 1200

Little Rock, AR 72201

(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:

HMG Real Holdings, LLC

400 West Capitol Ave, Suite 1200

Little Rock, AR 72201

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: acquire, own, develop,

operate, sell, lease real and personal property of whatever kind & nature -

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 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 $\frac{1}{44}$ $\frac{1}{47}$ document to the Department of State constitutes a third degree felony as provided for in s.817.155.78.93 Price C. Gardner ŝ

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:

300 West Lime (Lakeland), LLC

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:

NRAI Services, Inc.

(Name)

515 East Park Avenue

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

_{FL} 32301

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.

NRA Services //id. (Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- **\$** 5.00 Certificate of Status (optional)



Arkansas Secretary of State Mark Martin

State Capitol Building + Little Rock, Arkansas 72201-1094 + 501.682.3409

CERTIFICATE OF GOOD STANDING

I, Mark Martin, Arkansas Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

300 WEST LIME (LAKELAND), LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office August 20, 2012.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 12th day of September, 2012.

Martin

Mark Martin Arkansas Secretary of State

By Amy Henne