M12000006387

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
· (Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
÷				

Office Use Only



600241491006

11/14/12--01016--005 **125.00

2312 NOV 14 AN 6-32

J. SAULSBERRY EXAMINER

NOV 16 2012

COVER LETTER

SUBJECT:	ARCAP,LLC	Name of Limited Liability Company	
		iability Company for Authorization to Transact Business in Fe above referenced foreign limited liability company to transa	
	correspondence concerning this		
	to to spondence concerning and	mater to the following.	
	THERESA CUMMING	GS	
	,	Name of Person	
	ABCABIC		AN PE
	ARCAP,LC	Firm/Company	
			CV 22 mm Annual
	484 VIKING DR STE		11 - 4 m
		Address	
	VIRGINIA BEACH, VA	A 23452	SF STATE
		City/State and Zip Code	
	TCUMMINGS@AR	PCADI C BIZ	
	E-mail address:	: (to be used for future annual report notification)	
or further info	rmation concerning this matter, pl	lease call:	
_TH	ERESA CUMMINGS	at (757) 463-0400 EXT 34	<u> </u>
	Name of Person	Area Code & Daytime Telephone Number	
	ING ADDRESS: on of Corporations	STREET ADDRESS: Division of Corporations	
	ration Section	Registration Section	
	ox 6327	Clifton Building	
Tallaha	issee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

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 RESIDESS IN THE STATE OF FLORIDA:

	ARCAP,LLC (Name of Foreign Limited Liabili				C.," or "LLC.")	_
cor	name unavailable, enter alternate name unavailable, enter alternate name usent of the managers or managing me mpany," "L.L.C," "LLC.")					
2	VIRGINIA	3	54-19696			_
	Jurisdiction under the law of which fo company is organized)	reign limited liability		(FEI number, if applica	ible)	
4.	NOVEMBER 12,1999	5		PETUAL"		
6.	(Date of Organization)		(Duration: Yexist or "per	Year limited liability con rpetual")	npany will cease to	
υ.	(Date first tr	ansacted business in Flo	rida, if prior to 1	registration.)		_ :
7.	484 VIKING DR STE 10	508.501 & 608.502 F.S. 5	to determine pe	naity liability)	い。 と 2000年 第一	germania E menerala
/.	VIRGINIA BEACH, VA 23	452			TE CO	- } ;
		(Street Address of	of Principal Offi	ice)	18 No.	_
8.	If limited liability company is a	manager-managed	company, che	eck here 🔀		
9.	The name and usual business ac	ddresses of the mana	ging member	rs or managers are as	s follows:	
	RICHARD B. KELLAM	484 VIKING DF	R STE 105	VIRGINIA BEA	CH, VA 2345	2
	R. BRAXTON HILL,III	484 VIKING DR	R STE 105	VIRGINIA BEAG	CH, VA 23452	<u> </u>
	ROBERT D. RUAIS	484 VIKING DF	R STE 105	VIRGINIA BEA	CH, VA 23452	2
the	Attached is an original certificate of exi- jurisdiction under the law of which it is slation of the certificate under oath of th	organized. (A photocopy	is not acceptable			cords in
11	. Nature of business or purposes	s to be conducted or	promoted in	Florida:		_
	MANAGEMENT OF MA	NUFACTURED	HOUSING	COMMUNITY		•
		01.62	1/h	= , man	yr	
	Signature of (In accordance with section penalties of perjury that the document to the Department of t	e facts stated herein are true ment of State constitutes	tion of this docume. I am aware that a third degree for	nent constitutes an affirmat at any false information	tion under the submitted in a	

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That ARCAP, LC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is November 12, 1999; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ZHZ NOY IL MI SU 32
SECRETARY OF STATE
TALL AHASSEE, FLORINA



Signed and Sealed at Richmond on this Date: November 12, 2012

Joel H. Peck, Clerk of the Commission

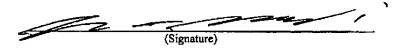
CISECOM
Document Control Number: 1211125469

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:		
Arcap, LC		
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:		
Registered Agent Solutions, Inc.	ZIZWOY SECRETA ALLAHA	*. *.
(Name)	SVE VSVE	4
155 Office Plaza Dr. Suite A	338 7.7.8	1
Florida Street Address (P.O. Box NOT ACCEPTABLE)	T AND AND	
Tallahassee _{FL} 32301	G 32	1 100 - 444 - 12 14 15 16 17
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.



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