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C. LEWIS
NOV 26 2012
EXAMINER

#### COVER LETTER

TO:	Registration Section Division of Corporations	en e
SUBJEC	<sub>CT:</sub> T10 Office, LLC	
		ne of Limited Liability Company
		pility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this ma	atter to the following:
	Rebecca Rostrup	
		Name of Person
	Tellus Development, Ltd.	
		Firm/Company
	PO Box 3226	
		Address
	Gulfport, MS 39505	
		City/State and Zip Code
	dgordon@tdlcre.com E-mail address: (	to be used for future annual report notification)
For furth	er information concerning this matter, plea	se call:
	Rebecca Rostrup	<sub>at (</sub> 228 <sub>)</sub> 679-1156
	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
	ed is a check for the following amou \$125.00 Filing Fee \$\int_\$	e & \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ 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 HARD ITY COMPANY TO TRANSACT RENNESS IN THE STATE OF FLORIDA:

1. T10 Office, 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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	en
2. Mississippi (Jurisdiction under the law of which foreign limited liability company is organized)  3. Applied For (FEI number, if applicable)	
4. 10/30/2012  (Date of Organization)  5. Der Aptual  (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)	41.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 12287 Highway 49	<u>-</u>
Gulfport, MS 39503  (Street Address of Principal Office)	ر ا ا
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here ✓	ř
9. The name and usual business addresses of the managing members or managers are as follows:	
T. Davis Gordon	
PO Box 3226	
Gulfport, MS 39505	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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.)	n
11. Nature of business or purposes to be conducted or promoted in Florida:	
Self Storage Rental Office	
A	
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.)	
T. Davis Gordon	

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 T10 Office	the Limited Liability Com	npany is:	
If unavailable,	the alternate to be used in t	he state of Florida is:	
2. The name ar	nd the Florida street addres	s of the registered agent and office ar	e:
	T. Davis Gordon		S SIGN
		(Name)	ANSIGN OF CONTRACT 16
	792 SW State Road	247	PR
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	Confrence In
	Lake City	<sub>FL</sub> 32055	•
		City/State/Zip	
liability comparagent and agree relating to the p	y at the place designated in to act in this capacity. I fur roper and complete perform ty position as registered age	d to accept service of process for the above this certificate, I hereby accept the apprinter agree to comply with the provisionance of my duties, and I am familiar want as provided for in Chapter 608, Flognature)  O Filing Fee for Application	pointment as registered ons of all statutes with and accept the

\$ 25.00 Designation of Registered Agent

**Certified Copy (optional)** 5.00 Certificate of Status (optional)

\$ 30.00

## State of Mississippi

#### Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

#### **CERTIFICATE**

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

T10 OFFICE, LLC

Formed October 30, 2012

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

12287 HIGHWAY 49 GULFPORT MS 39503

and that the registered agent at that address is:

GORDON, T. DAVIS

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

SECTION OF SECTION OF MISSISS

Given under my hand and seal of office November 15, 2012

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12832159-1 Page 1 of 1 Reference:

Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp