

m12000007065 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

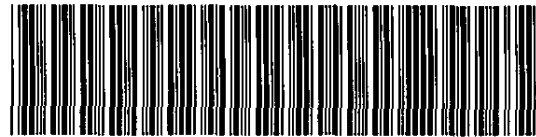
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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12 DEC 18 AM 11:09
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TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 19 2012

EXAMINER

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

December 14, 2012

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TALLAHASSEE, FLORIDA

Secretary of State
2661 Executive Center Circle West
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: **Life Style Development of Florida, LLC**

Dear Madam/Sir:

Enclosed are an original and one copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for **Life Style Development of Florida, LLC**, a Delaware limited liability company. Also enclosed are the requisite certificate of existence from the Secretary of State of the State of Delaware and our check in the amount of:

<input type="checkbox"/> \$125.00	<input type="checkbox"/> \$130.00	<input checked="" type="checkbox"/> \$155.00	<input type="checkbox"/> \$160.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy (additional copy enclosed)	Filing Fee, Certified Copy & Certificate of Status (additional copy enclosed)

Please do not hesitate to call me at (850) 425-5457 if you have any questions. I will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,

Donna Marie Walters

Donna Marie Walters, FRP
Florida Registered Paralegal

/dmw

Enclosures

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017415.30271

**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. Life Style Development of Florida, LLC
(Name of foreign limited liability company)

2. Delaware 3. Not applicable
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 12, 2012 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "Perpetual")

6. Upon qualification
(Date first transacted business in Florida. (See section s608.501, 608.502, and 817.155, F.S.))

7. 211 North Dellview Drive
Tallahassee, Florida 32303-4809
(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:

Frankie L. King
211 North Dellview Drive
Tallahassee, Florida 32303-4809

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:
Residential and commercial real estate development


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.)

ROBERT A. PIERCE, Authorized Representative
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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:

Life Style Development of Florida, LLC

2. The name and the Florida street address of the registered agent and office are:

Robert A. Pierce
(Name)

123 South Calhoun Street
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, Florida 32301-1517
(City/State/Zip)

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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, F.S.



(Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIFE STYLE DEVELOPMENT OF FLORIDA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF DECEMBER, A.D. 2012.

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PALEMBANG, FLORIDA



5258099 8300

121328839

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0063114

DATE: 12-13-12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2012

DONNA MARIE WALTERS
POST OFFICE BOX 391
TALLAHASSEE, FL 32302

SUBJECT: LIFE STYLE DEVELOPMENT OF FLORIDA, LLC
Ref. Number: W12000062201

Resubmit
case
new
12 DEC 18 AM 11:09
FILED
TALLAHASSEE, FLORIDA

We have received your document for LIFE STYLE DEVELOPMENT OF FLORIDA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 212A00029685

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