

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000075001 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tos

Division of Corporations

Fax Number : (850)617-6383

From:

, C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092

: (850)878-5368 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company Lavin RE Holdings I LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 984 |
| Estimated Charge | \$125.00 |

APR - 5 2013

A. LUNT

Electronic Filing Menu

Corporate Filing Mean Of SULTINGUI

https://efile.sunbiz.org/scripts/efilcovr.exe

4/3/2013 04/04/5013 13:50 2609889998

April 4, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: LAVIN RE HOLDINGS I LLC

REF: W13000019757

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover greet.

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) 245-6094.

Agnes Lunt Regulatory Specialist II PAX Aud. #: H13000075001 Letter Number: 213A00007979

13 APR -4 PH 2: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIGA

PE-SURVIT
Please relain original fling
date of submission 413

P.O BOX 6327 - Tallahassee, Florida 32314

CR2E027 (9/10)

| | | COVERLETTER | |
|-----------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| | gistration Section vision of Corporations | · | |
| SUBJECT | LAVIN RE HOLDINGS I LLC | | |
| SOBJECT | N | ame of Limited Liability Company | |
| The enclose Existence, t | ed "Application by Foreign Limited Lit and check are submitted to register the | ability Company for Authorization to above referenced foreign limited liable | Fransact Business in Florida," Certificate of lity company to transact business in Florida |
| Please retur | n all correspondence concerning this m | natter to the following: | |
| | MARK LAVIN | | |
| | | Name of Person | |
| | LAVIN RE HOLDINGS I LLC | | 20 |
| | | Firm/Company | 2013 APR SECRETALIANA |
| | 1184 SANDY SPRINGS LANE | | JAPR -3 |
| | | Address | 1.1 |
| ١, | MARIETTA, GA 30062 | | TS TS |
| | | City/State and Zip Code | ORH |
| | markdavidlavin@gmail.com | | Sam 🕦 |
| | E-mail address: | (to be used for future annual report no | odfication) |
| For further i | nformation concerning this matter, plan | nse call: | |
| KE | EVIN J. BAHR | 770 399-6 | 6450 |
| | Name of Person | Area Code & Daytime Telepho | ne Number |
| Div Rag P.O | AILING ADDRESS: islan of Corporations sistration Section b. Box 6327 shassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |
| | s a check for the following amou 125,00 Filing Fee | g Fee & □ \$155.00 Filing Pee & | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy |

PLUS7 - 12/03/2012 Wokes Kigwer Coline

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608 503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

| _ | LAVIN RE HOLDINGS I LLC | | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1, | (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | | |
| Co | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC,") | | |
| 2. | GEORGIA 3. | | |
| - 7 | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | | |
| 4. | PEBRUARY 11, 2013 5. PERPETUAL | | |
| •• | (Dats of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | | |
| 6. | NO PRIOR TRANSACTIONS IN FLORIDA | | |
| υ. | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | | |
| 7. | 1184 SANDY SPRINGS LANE | • | |
| • | MARIETTA, GA 30062 | | |
| | (Street Address of Principal Office) | Í | |
| 8. | If limited liability company is a manager-managed company, check here OR OR OR OR OR OR OR OR OR O | | |
| 9. | The name and usual business addresses of the managing members or managers are as follows: | F | |
| | MARK LAVIN | | |
| | 1184 SANDY SPRINGS LANE | | |
| | MARIETTA, GA 30062 | | |
| the trar | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction, under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a solution 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: ALL LAWFUL PURPOSES | | |
| • | Une 1. Tol | | |
| | Signature of a member or/an authorized representative of a member. | | |
| | (in scoordance 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.) | | |
| | KEVIN J. BAHR, Organizer and Attorney in Fact | | |

PL037- (2/03/2013 Waters Klawer Chiline

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 I LAVIN RE HOLDINGS I LLC | Liability Company is: | · | |
|---------------------------------------------------------|--------------------------------------------------------|--------------------|--|
| 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: | 2013 APR SECRET | |
| | C T Corporation System | SE I | |
| | (Name) | | |
| | 1200 South Pine Island Road | | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | | F STATE | |
| Plantation | FL 33324 | - | |
| · · · · · · · · · · · · · · · · · · · | 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.

> C T Corporation System Connie Bryan By: Assistant Secretary

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

FLOST - 12/03/2012 Walters Killerer Galling

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CT CORPORATION

DOCKET NUMBER: 130328J3 CONTROL NUMBER: 13198482 DATE INC/AUTH/FILED: 2/11/2013 JURISDICTION: GEORGIA PRINT DATE: 03/29/2013 FORM NUMBER: 211

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LAVIN RE HOLDINGS I LLC A DOMESTIC LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



PAGE 06/06

B: P. Brian P. Kemp Secretary of State