City/State/Zip Phone # CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Photocopy Mail out ■ Will wait Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement

Trademark

Other

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. Fore most, (Name of foreign limited liability company no so contained in the name at present.)	ム Ce must end with the wor	ds "limited company" or their	abbreviation "L.C." if not
2. (Jurisdiction under the law of which foreign leading company is organized)	limited liability	(FEI number, if	applicable)
4.	5.	Rerpetual (Duration: Year limited liability exist or "perpetual")	y company will ease to
6. Our qualification (Date first transacted business			7.155, F.S.) P.
7. 3939 Ros Marietta	Well Rd GA 3000	62 incipal office)	1;20 FELORIDI
B. List name, title, and business address of	of each managing	member[MGRM] or mana	
B. List name, title, and business address o will manage the foreign limited liabilit	of each managing to ty company in Flo	member[MGRM] or mana	
3. List name, title, and business address of will manage the foreign limited liability NAME & ADDRESS: Glenn La Grone	of each managing to ty company in Flo TITLE: Manage in Member	member[MGRM] or mana rida: (attach additional pa	ge if necessary)
B. List name, title, and business address o will manage the foreign limited liabilit	of each managing to ty company in Flo TITLE: Manage in Member	member[MGRM] or mana rida: (attach additional pa	ge if necessary)
3. List name, title, and business address of will manage the foreign limited liability NAME & ADDRESS: Glenn La Grone	of each managing to ty company in Flo TITLE: Manage in Member	member[MGRM] or mana rida: (attach additional pa	ge if necessary)
3. List name, title, and business address of will manage the foreign limited liability NAME & ADDRESS: Glenn La Grone	of each managing to ty company in Flo TITLE: Manage in Member	member[MGRM] or mana rida: (attach additional pa	ge if necessary)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
Bornard Hol Foremost LLC deposes and says:	
1) the above named limited liability company has at least two members)
2) the total amount of cash contributed by the member(s) is	\$ 99,000
3) if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ 90 000000
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ <u>90,00</u> 0-
Signature of a member or authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	97 DEC 15 PH 1: 20 PRECRETARY OF STATE SECRETARY OF STATE

Filing Fee: \$250.00 for Application and Affidavit

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

. Th	Toremost ALC	
2. Th	ne name and address of the registered agent and office are:	
	Bernard L. Keller	
	ASET OF THE PROPERTY OF THE PR	
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
	Wowshitchka FL. 32465 (City/State/Zip)	A CONTRACTOR OF THE PARTY OF TH
2. Th	Bernard L. Keller (Name) 377 W Lake View DR (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	

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.

Bynard L'eller 12-15-97
(Signature) (Date)

Filing Fee: \$ 35 for Designation of Registered Agent



December 10, 1997

This lener is to confirm that Mr. Bernard Keller has authority from Foremost LLC to execute all documents necessary to execute land change use and plans and register the aforesaid Foremost, LLC to do business in Florida.

Glenn LaGrone

Foremost, LLC

Managing Member

Pandace Hell 12/10/9-

Notably Public

NOTARY PUBLIC, FULTON COUNTY, GEORGIA MY COMMISSION EXPIRES MARCH 4, 2001 97 DEC 15 PM 1:20
SECRETARY OF STATE
ARIDA

Gulf Properties Financial Services, Inc. 3939 Roswell Road, N.E., #250 Marietta, GA 30062 770/973-3190 888/447-9531 FAX 770/973-3314 Secretary of State Corporations Division Suite 315, West Cower 2 Martin Luther King Ir. Dr. Atlanta, Georgia 30334–1530

DOCKET NUMBER : 973450174
CONTROL NUMBER : 9740888
DATE INC/AUTH/FILED: 11/24/1997
JURISDICTION : GEORGIA
PRINT DATE : 12/11/1997
FORM NUMBER : 211

FOREMOST, LLC 3939 ROSWELL RD STE 250 MARIETTA, GA 30062

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FOREMOST, LLC A GEORGIA 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.



Jewis G. Massey

Lewis A. Massey Secretary of State