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Pick up time	Oocument #)  Certified Copy	SEC
AMENDMENTS  Amendment  Resignation of R.A., Officer/Dir  Change of Registered Agent  Dissolution/Withdrawal		FILED RETARY OF STATE DN OF CORPORATIONS
Merger  REGISTRATION/ QUALIFICATION  Foreign Limited Partnership Reinstatement	Name Availability Mark  Document Examiner MAR  Updater Updater Verifyer  Acknowledgement MAR	
	poration Name) (Deporation Nam	poration Name) (Document #)  poration Name) (Document #)  poration Name) (Document #)  Pick up time

CR2E031(1/95)

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:

me of foreign limited liability company n contained in the name at present.)			
Georgia risdiction under the law of which foreign lapany is organized)	imited liability	58-2352857 (FEI number, if appli	icable)
10/1/96 (Date of Organization)	5.	Perpetual (Duration: Year limited liability conexist or "perpetual")	npany will cease to
MarxkxxkxxxxThis is	a registrati	on only - will not be	e doing busi
(Date first transacted business	s in Florida. (See sec	2001S 008.501, 008.502, and 017.155	in Flor
1547 Mining Gap Trail,	Young Harri	s, Ga. 30582	
	(Street address of p	rincipal office)	
t name, title, and business address of	of each managing	member[MGRM] or manager[	MGR]who
l manage the foreign limited liabilit	ty company in Flo	anda: Taffach addifional nage if	necessarvi
	.,	orida. (attaori adaraoriai page	
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
-	TITLE:		
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
NAME & ADDRESS:  Phillip Sanchez	TITLE:	NAME & ADDRESS:  Sonia Sanchez	TITLE: MGRN1
NAME & ADDRESS:  Phillip Sanchez  P.O. Box 1295	TITLE:  MGRM	NAME & ADDRESS:  Sonia Sanchez  P.O. Box 1295	TITLE:  MGRM
NAME & ADDRESS:  Phillip Sanchez  P.O. Box 1295  32531 Trilby Rd.	TITLE:  MGRM	NAME & ADDRESS:  Sonia Sanchez  P.O. Box 1295  32531 Trilby Rd.	TITLE:  MGRM  3526-1295
NAME & ADDRESS:  Phillip Sanchez  P.O. Box 1295  32531 Trilby Rd.	TITLE:  MGRM	NAME & ADDRESS:  Sonia Sanchez  P.O. Box 1295  32531 Trilby Rd.	TITLE: MGRM
NAME & ADDRESS:  Phillip Sanchez  P.O. Box 1295  32531 Trilby Rd.	TITLE:  MGRM	NAME & ADDRESS:  Sonia Sanchez  P.O. Box 1295  32531 Trilby Rd.	TITLE: MGRM
Phillip Sanchez P.O. Box 1295 32531 Trilby Rd.	TITLE:  MGRM	NAME & ADDRESS:  Sonia Sanchez  P.O. Box 1295  32531 Trilby Rd.	TITLE: MGRM
NAME & ADDRESS:  Phillip Sanchez  P.O. Box 1295  32531 Trilby Rd.	TITLE:  MGRM	NAME & ADDRESS:  Sonia Sanchez  P.O. Box 1295  32531 Trilby Rd.	TITLE: MGRM

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

## 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. <b>Th</b> e	e name of the Limited Liability Company is:	
	Mountain Concepts L.L.C.	
2. <b>Th</b>	e name and the Florida street address of the registered agent and office are:	
	Sonia Sanchez	
	(Name)	98 98 98
	32531 Trilby Rd., P.O. Box 1295	SEGRETA IVISION OF
	Florida street address (P.O. Box NOT ACCEPTABLE)	RY COR
	Dade_City	PM 3: 07

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.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

Secretary of State Corporations Division Suite 315. West Tower 2 Martin Tuther King Ir. Ar. Atlanta, Georgia 30334-1530

: 981180689 DOCKET NUMBER : 9635428 CONTROL NUMBER DATE INC/AUTH/FILED: 11/12/1996 : GEORGIA JURISDICTION

: 04/28/1998 PRINT DATE : 211

FORM NUMBER

MOUNTAIN CONCEPTS, LLC 1547 MINING GAP TRAIL YOUNG HARR GA 30582

#### 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 certify under the seal of my office that

#### MOUNTAIN CONCEPTS, 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 decimals. cancellation, or any other similar document with the office of the Secretary of -- 1

This certificate relates only to the legal existence of the above-named 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.

SECRETARY OF STATE



## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of <u>Mountain</u>	Concepts
L.L. Ccertifies:	
1) the above named limited liability company has at least two members;	
2) the total amount of cash contributed by the member(s) is	\$ 250.00
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.) and	\$ <u></u> \$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 250.00
Signature of a member or an authorized representative of a mem (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	iber.
stated herein are true.)  Sonia Sanchez	DIVISION OF 98 MAY
Typed or printed name of signee	CORPORATIONS 2 PM 3: 07