

Document Number Only

M98000000729

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name

TALLAHASSEE, FL 32301

Address

222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

700002581727--4

-07/07/98--01080--011

****215.00 ****215.00

700002581727--4

-07/07/98--01080--012

*****70.00 *****70.00

Homasassa Center, LLC

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SECRETARY OF CORPORATIONS
98 JUL -7 PM 12:52

☐ Profit

☐ NonProfit

☒ Limited Liability Co.

☒ Foreign

☐ Amendment

☐ Dissolution/Withdrawal

☐ Merger

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Certified Copy

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ UCC

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

RECEIVED
98 JUL -7 M 11:51

Name
Availability

Document
Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

JUL 07 1998

Thanks,
Jeff

P/K
7/7/98

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DIVISION OF CORPORATIONS
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ation

1. Homosassa Center, LLC

2. Georgia

3. 58-2397088

4. June 11, 1998

5 July 6, 2038

6.

upon qualification
(Date first transac

7. 2255 Cumberland Parkway, Building 800, Suite C, Atlanta, GA 30339

8. List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

TITLE:

TITLE:

See 1 in Addendum

(FL057 - 4/23/98)

Addendum

1. Name: Ron Turner
Title: MGRM
c. 18525 Statesville Road, Suite D-02 #117, Cornelius, NC 28031

Name: Charles Lee Woodall
Title: MGRM
c. 2255 Cumberland Parkway, Bld. 800, Ste. C. Atlanta, GA 30339

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

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The undersigned member or authorized representative of a member of Homosassa Center, LLC
_____ certifies:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$ 100.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0 ;
(A description of the property is attached and made a part hereto.)
and
- 4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$ 100.00 .
(This total includes amounts from 2 and 3 above.)

Charles Lee Wooddall

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.)

Charles Lee Wooddall

Typed or printed name of signee

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.

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1. The name of the limited liability company is: Homosassa Center, LLC

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM

(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,

(P.O. Box not acceptable)

Plantation, Florida 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.

C T CORPORATION SYSTEM

Connie Bryan

(Signature)

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

7-7-98

(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

Secretary of State

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

DOCKET NUMBER : 981620752
CONTROL NUMBER : 9822326
DATE INC/AUTH/FILED: 06/10/1998
JURISDICTION : GEORGIA
PRINT DATE : 06/11/1998
FORM NUMBER : 211

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FRANK L. WILSON III
2849 PACES FERRY RD
SUITE 700
ATLANTA GA 30339

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

HOMOSASSA CENTER, 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 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.

Lewis A. Massey
LEWIS A. MASSEY

SECRETARY OF STATE

