M9800 (WIS. HOLD) 9//

171 CHURCH STREET - SUITE 220 CHARLESTON, SOUTH GAROLINA 29401

> TELEPHONE (803) 577-2518 FACSIMILE (803) 577-2566

August 18, 1998

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

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VIA-UPS

Florida Dept. of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Delray Gray Line, LLC

Dear Sir or Madam:

Enclosed herewith in connection with the application of the above referenced South Carolina Limited Liability Company to transact business in the state of Florida are the following:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, with Certificate of Existence attached thereto.
- 2. Affidavit of Membership and Contributions of Foreign Limited Liability Company.
- 3. Certificate of Designation of Registered Agent/Registered Office.
- 4. Check in the amount of \$293.75 in payment of the following:
  - a. Filing Fee \$250.00;
  - b. Designation of Registered Agent Fee: \$35.00; and
  - c. Certificate of Status 8.75.

With kind personal regards, I am

Very truly yours,

Lewis S. Horton

Enclosures

LSH:ydm

Name /

Availabuit

Document

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Acknowledgement

W. P. Verify

COMPLIANCE WITH SECTION 608.503, FL ITTED LIABILITY COMPANY TO TRANSACT I	ORIDA STATUTES,		HOREZATION TO AHAS RETAR FORE
Delray Gray Line, LLC			1. S.
(Name of foreign limited liability company so contained in the name at present.)	nust end with the	words "limited company" or their abbr	eviation L.C. if not
South Carolina	3	3. Applied For	
(Jurisdiction under the law of which foreign company is organized)	limited liability	(FEI number, if appl	licable)
July 13, 1998	4	2046	
(Date of Organization)		(Duration: Year limited liability con exist or "perpetual")	mpany will cease to
Business operations will	commence c	on or about November 1,	, 1998
(Date first transacted busines	s in Florida. (See s	ections 608.501, 608.502, and 817.15	5, F.S.)
ist name, title, and business address	of each managin		
		lorida: (attach additional page if	f necessary)
NAME & ADDRESS:	ty company in F		
		lorida: (attach additional page if	f necessary)
NAME & ADDRESS:	TITLE:	lorida: (attach additional page if	f necessary)
NAME & ADDRESS: Stephen D. Peper	TITLE:  Mgr Ct.	lorida: (attach additional page if	f necessary)
NAME & ADDRESS: Stephen D. Peper 426 Channel Creek	TITLE:  Mgr Ct.	lorida: (attach additional page if	f necessary)
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<sup>9.</sup> 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.)

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

The undersigned member or authorized representative of a member of <u>Delray Gr</u>	ay Line, LLC
certifies:	
one 1) the above named limited liability company has at least two members;	
2) the total amount of cash contributed by the member(s) is	\$1,000.00
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.)	<b>\$_1,000.00</b>
Stephen Sen	
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 stated herein are true.)	98 AUG I SECRETA
Stephen D. Peper,	NAME OF THE
Typed or printed name of signee	PH 4: 30

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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:	elray Gray Line, LLC
2. The name and address of the registered agent a	and office is:
Corporation Service Comp (Name)	AUG XRET/ LAHA
1201 Hays Street (P.O. Box <u>not</u> accepted)	SS S =
Tallahassee, FL 32301 (City/State/Zip)	NARY OF STATE SSEE, FLORIDA

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.

Corporation Service Company		
By: Pamela & Singson	August 13, 1998	
(Signature)	(Date)	
Pamela L. Simpson, Auhtorized Representative		

## The State of South Carolina



# Office of Secretary of State Jim Miles Certificate of Existence

#### I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

DELRAY GRAY LINE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 13th, 1998, with a duration that is until December 31st, 2046, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of August, 1998.

Jim Miles, Secretary of State