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CORPORATION	NAME(S) & DOCUMENT NUM	IBER(S), (if known):	
1(Corp.	oration Name) (Do	ocument #)	····; .
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	Will wait Photocopy	Certificate of St	atus
NEW FILINGS	AMENDMENTS	diericalian, Fair Carineria	
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/ Dire	retor 70000	<b>26616774</b> 12/9801090018 1632,50 ****285,00
Limited Liability	Change of Registered Agent	***	1632.50 ****285.00
Domestication	Dissolution/Withdrawal		
Other	Merger		***************************************
OTHER FILINGS	REGISTRATION/ QUALIFICATION	Name Availability 7 GH Document 2014	
Annual Report Fictitious Name	Foreign	Examiner /	
Name Reservation	Limited Partnership	Updater Updater	
Traine reeservation	Reinstatement	Verifyer //	
	Trademark	Acknowledgement	
	Other	W. P. Verifyer	9
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CR2E031(1/95)		Examiner's Initials	

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## 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. <u>Wataga</u> , <u>L.L.C.</u> , a <u>Mississip</u> (Name of foreign limited liability company no so contained in the name at present.)	pi limited lia must end with the we	ability company ords "limited company" or their abbrev	viation "L.C." if not
2. Mississippi (Jurisdiction under the law of which foreign company is organized)	limited liability 3.	(FEI number, if applic	able)
4. January 26, 1996 (Date of Organization)	5.	December 31, 2045 (Duration: Year limited liability corexist or "perpetual")	npany will cease to
6. October 7, 1998 (Date first transacted business	ss in Florida. (See se	ections 608.501, 608.502, and 817.155	5, F.S.)
7460 Briarwood Drive, Suite	400	=	
_ Jackson, Mississippi 39206	(Street address of	principal office)	
8. List name, title, and business address	of each managin	g member[MGRM] or manager	(MGR) who
will manage the foreign limited liabili	ty company in F	lorida: (attach additional page if	necessary)
will manage the foreign limited liability  NAME & ADDRESS:	ty company in F	lorida: (attach additional page if	necessary) TITLE:
will manage the foreign limited liabili	ty company in F	lorida: (attach additional page if	necessary)
will manage the foreign limited liability  NAME & ADDRESS:	ty company in F	lorida: (attach additional page if	necessary)
NAME & ADDRESS:  Gary B. Cress	ty company in FITTLE:  Mr. Suite 400	lorida: (attach additional page if	necessary)
NAME & ADDRESS:  Gary B. Cress  460 Briarwood Drive.	ty company in FITTLE:  Mr. Suite 400	lorida: (attach additional page if  NAME & ADDRESS:	TITLE:  98 OCT 15
NAME & ADDRESS:  Gary B. Cress  460 Briarwood Drive.	ty company in FITTLE:  Mr. Suite 400	lorida: (attach additional page if	TITLE:  98 OCT 12 AM 9

<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.)

## State of Mississippi

### Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi

#### CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

WATAGA, L.L.C.

Formed January 26,1996

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company & is located at:

460 BRIARWOOD DR #400 JACKSON MS 39206

and that the registered agent at that address is:

GARY B CRESS

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

STATE OF STA

Given under my hand and seal of office October 07,1998

ERIC CLARK, Secretary of State

### 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.

The name of the limited liability company is: WATAGA, L.L.C.		÷
The name and address of the registered agent and office is:	98	DIVI
C T CORPORATION SYSTEM (Name)	007/12	DIVISION OF C
	.6 W	ORPORA
Plantation, Florida 33324 (City/State/Zip)	15	RPORATIONS

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

October 8, 1998

(Signature)

J. L. Miles, Asst. Secretary

(Date)

FILMGFEE: \$35 for Designation of Registered Agent

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	L.C. a
Mississippi limited liability company certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>100</u> ;
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> O-;
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.)	<u>\$ (00                                   </u>
Signature of a member or an authorized representative of a memb (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.)  Gary B. Cress, Member/Manager  Typed or printed name of signee	DIVISION OF CORPORATIONS  98 CCT 12 AM 9: 54

Filing Fee: \$250.00 for Application and Affidavit