198000001372



ACCOUNT NO. : 072100000032

REFERENCE :

039326

7170120

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: November 20, 1998

ORDER TIME : 1:44 PM

ORDER NO. : 039326-005

CUSTOMER NO:

7170120

CUSTOMER:

Donald G. Ogden, Esq

Donald G. Ogden, P.a.

126 S. Commerce Street

Suite 102

Natchez, MS 39121-2084

FOREIGN FILINGS

BAYOU BELLS, LLC

XXXX_ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY

_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

Name Availability

Document Examiner

Updater

U cater

Verifyer

Acknowledgemei

۳. Verifyer

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:

Bayou Bells, LLC (Name of foreign limited liability company reso contained in the name at present.)	must end with the wor	ds "limited company" or their abbre	viation "L.C." if not
State of Mississippi (Jurisdiction under the law of which foreign company is organized)	limited liability 3.	Applied for (FEI number, if appli	cable)
November 13, 1998 (Date of Organization)	5	Perpetual (Duration: Year limited liability co	mpany will cease to
. Upon qualification (Date first transacted business	ss in Florida. (See sec	ctions 608.501, 608.502, and 817.15	5, F.S.)
. 417 Main Street, Natchez	, MS 39120		
	(Street address of p		<u>. </u>
will manage the foreign limited habili	ty company in Flo	orida: (attach additional page i	r[MGR]who f necessary)
NAME & ADDRESS:	ty company in Flo TITLE: Managing	member[MGRM] or manager prida: (attach additional page in NAME & ADDRESS:	r[MGR]who f necessary) TITLE:
NAME & ADDRESS: David Paradise	ty company in Flo	orida: (attach additional page i	f necessary)
NAME & ADDRESS:	ty company in Flo TITLE: Managing	orida: (attach additional page i	f necessary)
NAME & ADDRESS: David Paradise	TITLE: Managing Member	orida: (attach additional page i	f necessary) TITLE:
NAME & ADDRESS: David Paradise 417 Main Street	TITLE: Managing Member	orida: (attach additional page i	f necessary)
NAME & ADDRESS: David Paradise 417 Main Street	TITLE: Managing Member	orida: (attach additional page i	f necessary) TITLE: 98 NOV 20 PH
NAME & ADDRESS: David Paradise 417 Main Street	TITLE: Managing Member	orida: (attach additional page i	f necessary) TITLE: 98 NOV 20
NAME & ADDRESS: David Paradise 417 Main Street	TITLE: Managing Member	orida: (attach additional page i	f necessary) TITLE: 98 NOV 20 PH 3: 0
NAME & ADDRESS: David Paradise 417 Main Street	TITLE: Managing Member	orida: (attach additional page i	f necessary) TITLE: 98 NOV 20 PH 3: 0

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

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:

BAYOU BELLS, LLC

Formed November 13,1998

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:

126 S COMMERCE ST #102 P O BOX 2084 NATCHEZ MS 39121-2084

and that the registered agent at that address is:

DONALD G OGDEN

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.

> Given under my hand and seal of office November 17,1998

ERIC CLARK, Secretary of State 98 NOV 20 PM 3: 03



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. The name	of the Limited Liability Compar	ny is:		
<u>Bayou</u>	Bells, LLC			 ش ش
2. The name	and the Florida street address of	the registered	l agent and office are:	
	Corporation Service	2 Company		
		(Name)		
		, ,		
	1201 Hays Street		. <u>.</u> . <u>-</u>	
	Florida street addres	s (P.O. Box NO	T ACCEPTABLE)	7 ± 715 ± 16
	Tallahassee,	FL	32301	
		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.

Laura R. Dunlap (Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a me	ember of	-
Bayou Bells, LLCcertif		
1) the above named limited liability company has at least one r	member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>50</u>	0.00 ; _
 if any, the agreed value of property other than cash contribution (A description of the property is attached and made a part he and 	ated by member(s) is \$ereto.)	0.00_;
4) the total amount of cash and property contributed and anticiply member(s) is (This total includes amounts from 2 and 3 above.)	pated to be contributed \$_50	0.00
Signature of a member or an authorized re (In accordance with section 608.408(3), Florida Statu affidavit constitutes an affirmation under the penaltic stated herein are true.)		े खु
David Paradise		
Typed or printed name		SECRETARY OF ST. DIVISION OF CORPUS.
Filing Fee: \$250.00 for Applicat	tion and Affidavit	