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| Requestor's Name P.O. Box 1531 Address | | | | | | | |
|--|---|---|--------------|---|---------------------------|--|--|
| | City/State | Zip Zip Phone # | | Office Use Onl | y | | |
| | CORPORATION | NAME(S) & DOCUMENT N | UMBER(S) | , (if known): | | | |
| | | oration Name) | (Document #) | | 1 | | |
| | 2. <u>(Corp</u> | oration Name) | (Document #) | | · | | |
| | 3. (Corp | oration Name) | (Document #) | 70000 | 29856773 13/9901132007 | | |
| | 4. (Corp | oration Name) | (Document #) | | *346.25 ****346.25 | | |
| • | ☐ Walk in ☐ Mail out ☐ | Pick up time Will wait Photocop | F | Certified Copy Certificate of Status | | | |
| a may so | NEW FILINGS | AMENDMENTS | | | ografie (i = u · | | |
| | Profit | Amendment | | _ | 99 0 | | |
| | NonProfit | Resignation of R.A., Officer/ | Director | | 当 器 7 | | |
| | Limited Liability | Change of Registered Agent | | | 3 675 | | |
| | Domestication | Dissolution/Withdrawal | ····· | | PIA | | |
| | Other | Merger | | | OF STATENS PH 1:45 | | |
| | OTHER FILINGS Annual Report Fictitious Name Name Reservation | REGISTRATION/ QUALIFICATION Foreign Limited Partnership | | AL | | | |
| <u> </u> | | Reinstatement | _ | | | | |
| | | Trademark | _ | | | | |
| | | Other | | | | | |
| | | | Γ | 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: Tampa-Sheldon LLC (Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.) <u>Maryland</u> (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 12/31/2046 1/19/99 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) Estimated start date of transacting business in Florida: 10/1/99 (Date first transacted business in Florida (See sections 608.501, 608.502, and 817.155, F.S.) 7. c/o Osprey Property Group LLC, 147 Old Solomons Island Road, Suite 210, Annapolis, Maryland 21401 (Street address of principal office) 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) NAME & ADDRESS: NAME & ADDRESS: TITLE: TITLE: David R. Lewis 147 Old Solomons Is.Rd. Suite 210 Annapolis, Maryland 21401 Brett Guy 147 Old Solomons Is. Rd. Suite 210 Annapolis, Maryland 21401 Gregg Martin Member 1121 East Garrison Blvd. (Member) Gastonia, N. Carolina 28054

^{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. | The name | of the | Limited | Liability | Company | is: |
|----|----------|--------|---------|-----------|---------|-----|
|----|----------|--------|---------|-----------|---------|-----|

Tampa-Sheldon LLC

2. The name and the Florida street address of the registered agent and office are:

Gordon J. Schiff, Esquire

(Name)

400 N. Tampa Street, Suite 2300

Florida street address (P.O. Box NOT ACCEPTABLE)

Tampa FL 33602

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.

(Digitaldy)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

| The undersigned manker or authorized representative of a member ofTampa-She certifies: | ldon LLC | |
|--|------------------|---------------------------|
| 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>100.00</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 | \$0 | _; |
| 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>\$100.00</u> | • |
| Signature of a mem (in accordance with section 608.408(3), Plorida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | ber. | |
| Gordon J. Schiff, Esq., as Registered Agent | | reservation of the second |
| Typed or printed name of signee | 99 SEP 13 PI | CIVISION OF CORE |

Filing Fee: \$250.00 for Application and Affidavit

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT TAMPA-SHELDON LLC. IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 01, 1999.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0000318972 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Fax (410) 333-7097