MM/00000838

CORPORATION(S) NAME Silverthorn Associates, LLC () Amendment () Merger () Profit () Nonprofit () Dissolution/Withdrawal () Mark Foreign () Reinstatement () Annual Report () Other () Limited Partnership **Y**LLC () Name Registration () Change of RA () Fictitious Name () UCC () Photocopies () CUS () Certified Copy () After 4:30 () Call When Ready () Call If Problem (x) Walk In () Will Wait (x) Pick Up () Mail Out 4/12/01 Name Availability 04/13/01--01007--006 Document ****125.00 ****125.00 Ref#: Examiner Updater ___ Verifier W.P. Verifier Amount: \$ DIAISION 660 East Jefferson Street Tallahassee, FL 32301 BECEINED Tel. 850 222 1092 Fax 850 222 7615

A CCH LEGAL INFORMATION SERVICES COMPANY

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: ASSOCIATES, LLC
(Name of foreign limited liability company) DELAWARE

(Jurisdiction under the law of which foreign limited liability

(FEI number, if applicable) company is organized) APRIL 6 , 2001 (Date of Organization) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 8. If limited liability company is a manager-managed company, check here 9. The usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.) Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Batinovich

Typed or printed name of signee

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 o | of the Limited Liability Company is: | | |
|---------------|---|-------------|----------|
| SILVERTHO | ORN ASSOCIATES, LLC | | |
| 2. The name a | and the Florida street address of the registered agent and office are: | | |
| | C T Corporation System | | <u>9</u> |
| | (Name) | | MEN IS |
| | 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) | | E D |
| | FIORION Suffer address (1.0. Don. 1.01) Nocel (1888) | | رن ئ |
| | Plantation FL 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 as provided for in Chapter 608, F.S..

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

State of Delaware

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Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVERTHORN ASSOCIATES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL_EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.



Darriet Smith Windson, Secretary of State

AUTHENTICATION: 1071473

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010173262

DATE: 04-09-01