# M030000015

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **CT** CORPORATION

January 2, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5758371 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Summer Valley Properties, LLC (TN) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of forc	agn lim	ited liability company)		
Tennessee		3.	54-2076870		_
Jurisdiction under ompany is organic	the law of which foreign limited liabil zed)	ity	(FEI number, if applicable	lc)	
October 3,	2002	5.	Perpetual		_
(Da	te of Organization)		(Duration: Year limited fiability comp exist or "perpetual")	any will cease to	
	ate first transacted business infflorida.	(See se	ections 608,501, 608,502, and 817,155, F	S	-
,	erby Street, Suite 223				_
Hingham, M				Ħ <sub>o</sub>	
	(Street add	iress of	principal office)		5
If limited liabil	lity company is a manager-mana	eed or	ompany, check here X	<b>新</b>	
		<b>9</b>		SS- 1/2	e 2
The usual busi	ness addresses of the managing r	memb	ers or managers are as follows:	E S	1
P. Michael	Saint				
160 Old De	erby Street, Suite 223			74 74115 741	_
Hingham, M	1A 02043				
	_				
Attached is an orig	ginal certificate of existence, no more tha	m 90 da	ys old, duly authenticated by the official ha	eving custody of r	econ
	the law of which it is organized. (A photo ocate under oath of the translator must be	~ ~	s not acceptable. If the certificate is in a for	raign language, a	
MOUNTAIN INCOME	THE REPORT OF THE REPORT OF THE PERSON STREET	, Den Welle	uxc)		
	iness or purposes to be conducte	d or p	romoted in Florida: acquire, o	wn, hold.	
Nature of bus					
	develop and operate yeal	prop	perty		
		proj	perty		_,
	develop and operate real	w	50	- :.	>
	Signature of a member or an (In accordance with section 608.408)	n authorists.	orized representative of a member, the execution of this document constitutes	-	
	Signature of a member or an (In accordance with section 608.408) an affirmation under the penalties of P. Michael Saint.	n authorized for the state of t	orized representative of a member, the execution of this document constitutes that the facts stated herein are true.)	-	_,

## 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. T	ie name	of the	Limited	Liability	Company	ís:
------	---------	--------	---------	-----------	---------	-----

Summer	Valley	Properties,	LLC
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2. The name and the Florida street address of the registered agent and office are:

C T Corporation Syst	tem	TALLA	03 JI	and a
(Name)			JAN2	3 
c/o C T Corporation S	ASSEE.	PH	M	
Florida	a street address (P.O. Box NOT ACCEPTABLE)	FLORIDA	=======================================	Same.
Plantation	FL 33324	>`	<b>.</b>	
	City/State/Zin			

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.

C T Corporation System

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)

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

REQUEST NUMBER: 02337593 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/03/2002 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0434416 JURISDICTION: TENNESSEE

TO: CFS 8161 HWY 100 NSHVILLE, TN 37221

REQUESTED BY: 8161 HWY 100 NSHVILLE, TN 37221

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "SUMMER VALLEY PROPERTIES, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE:
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 12/03/02

FROM:

RECEIVED:

\$0.00

8161 HIGHWAY 100

nāšhville, tn 37221-0000

TOTAL PAYMENT RECEIVED: \$100.00

FEES

\$100.00

RECEIPT NUMBER: 00003175619 ACCOUNT NUMBER: 00101230



RILEY C. DARNELL SECRETARY OF STATE