000/02/ Document Number CT Corporation System Requestor's Name 660 East Jefferson Street Address FI. 32301 (850)222-1092 Tallahassee. Phone Zip State City CORPORATION(S) NAME ****285.00 П () Profit () Merger () Amendment () NonProfit () Mark () Dissolution/Withdrawal (7) Foreign /CK LLC () Other UCC Filing () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready ¥3 Pick Up ∰ Walk In () Mail Out () Will Wait Name Availability Please Return Extra Copies Document File Stamped To: Examiner Updater Jeffrey Butter Verifier Acknowledgment W.P. Verifier

CR2E031 (1-89)

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:

eorgia		3 applied for	
Jurisdiction under the law of whi ompany is organized)	ch foreign limited	d liability (FEI number, if a	pplicable)
une 4, 1999		5 Perpetual	
(Date of Organization	n)	(Duration: Year limited liability cease to exist or "perpetual")	company will
upon qualificat	ion	,	
(Date first transacted	business in Flori	da. (See sections 608.501, 608.502	2 and 817.155, F.S.)
1051-A J ohnnie Dodds Blv	d., Mt. Pleas	sant, SC 29464	
		-	
ist name, title, and business a	iddress of each	dress of principal office) managing member [MGRM] of the party in Florida: (attach additional control of the party in Flo	or manager [MGR] who
ist name, title, and business avill manage the foreign limite	iddress of each	,	or manager [MGR] who onal page if necessary) TITLE:
and manage the foleigh milling	iddress of each d liability com	managing member [MGRM] opany in Florida: (attach additio	onal page if necessary)
NAME & ADDRESS:	iddress of each d liability com _l	managing member [MGRM] opany in Florida: (attach additio	onal page if necessary)
NAME & ADDRESS: JDC Wentworth, LLC	iddress of each d liability com _l	managing member [MGRM] opany in Florida: (attach additio	onal page if necessary) TITLE:
NAME & ADDRESS: JDC Wentworth, LLC 1051-A Johnnie Dodds Blvd.,	iddress of each d liability com _l	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	onal page if necessary)
NAME & ADDRESS: JDC Wentworth, LLC 1051-A Johnnie Dodds Blvd.,	iddress of each d liability com _l	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	onal page if necessary) TITLE:
NAME & ADDRESS: JDC Wentworth, LLC 1051-A Johnnie Dodds Blvd.,	iddress of each d liability com _l	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	onal page if necessary) TITLE:
NAME & ADDRESS: JDC Wentworth, LLC 1051-A Johnnie Dodds Blvd.,	iddress of each d liability com _l	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE: SECRETARY FILE AND ASSE
NAME & ADDRESS: JDC Wentworth, LLC 1051-A Johnnie Dodds Blvd.,	iddress of each d liability com _l	managing member [MGRM] opany in Florida: (attach addition NAME & ADDRESS:	TITLE: SECRETARY TALLAHASSE

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 hotocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	e undersigned member or authorized representative of a member of Linevest, LI	.C
	certifies:	 .
1)	the above named limited liability company has at least two members;	
2)	the total amount of cash contributed by the member(s) is	\$ <u>1,000.00</u> ;
	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.)	\$ <u>0.00</u> ;
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.)	\$ 1,000.00
	Signature of a member or authorized representative of a membe	<u>. </u>
	(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.)	•
	Gregory W. Brooks - Asst. Secrety of Typed or printed name of signee	- JDW Wendworth,
	· · · · · · · · · · · · · · · · · · ·	
		99 SEC

Filing Fee: \$250.00 for Application and Affidavi

(FL058 - 4/23/98

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.

The name of the Limited Liability Company is:
Linevest, LLC
The name and the Florida street address of the registered agent and office are:
C T CORPORATION SYSTEM (Name)
1200 South Pine Island Road
Florida street address (P.O. Box NOT ACCEPTABLE)
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.

C T CORPORATION SYSTEM

ALLAN FARNELL
ASSISTANT SECRETARY

(Signature)

Filing Fee: \$35 for Designation of Registered Agent

SECULIARY OF STATE

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K91720960
CONTROL NUMBER : K923339
DATE INC/AUTH/FILED: 06/04/1999
JURISDICTION : GEORGIA
PRINT DATE : 06/21/1999

FORM NUMBER : 211

CT CORPORATION SYSTEM
HEATHER GILLIAM
1201 PEACHTREE STREET N E STE 1240
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LINEVEST, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State