100 Ocument Number Only 000000 (900)

| C T Corporation System | | | | | |
|---|-------------------------------|---------------|---|--------------|--|
| Requestor's Name 660 East Jefferson Street | = | g e | | | |
| Address Tallahassee, FL 32301 (| 850) 222-1092 | J. L. | 100003060651 -12/03/9901091026 ****125.00 ****125.0 | | |
| City State Zip | Phone | · | | . 1 | |
| CORPORATI | ON(S) NAME | | SECN TALLA | | |
| | | | HAS C | <u> </u> | |
| | | | | | |
| John | ison Southeast | <u> </u> | A STATE | | |
| () Profit () NonProfit () Limited Liability Compa | () Amendm | nent | () Merger | | |
| Foreign | () Dissoluti | on/Withdrawal | () Mark | | |
| () Limited Partnership () Reinstatement | () Annual F () Reserval | | () Other () Change of () Fictition | | |
| () Certified Copy | () Photo C | opies | () CUS / G/ | 'S | |
| () Call When Ready ■ Walk In () Mail Out | () Call if Pr () Will Wait | | () After 4:30 Pick Up | | |
| Name Availability | 12/3 | PLEA | SE RETURD ÉXTRA FILE STAMPED S | COPY(S) | |
| Document Examiner | | | | | |
| Updater | | THAN | K YOU! FECONNE | BRYAN | |
| Verifier | | | STATE RATION LORIDA | Ü | |
| Acknowledgment | | | SNC 1A | | |
| W.P. Verifier | | | <u>.</u> | | |

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:

| . Johnson Sc | outheast, L.L.C. | /* (* | ted liability company | | | |
|--|---|----------------------|----------------------------------|--------------------------|---------------|----------|
| | (Na | me of foreign limi | ted liability company |) | | |
| Georgia | | 3. | 65-093848 | 3 | | |
| (Jurisdiction under the company is organized | he law of which foreign lind) | nited liability | (FEI m | ımber, if applicable) | | |
| . <u>08-06-99</u> (Date | of Organization) | 5. | Perpetual (Duration: Year lim | ited liability compan | y will cease | e to |
| | | | exist or "perpetual" |) | | |
| . 08-01-99 | | | | _ | | |
| (Dat | e first transacted business | in Florida. (See sec | ctions 608.501, 608.5 | 02, and 817.155, F.S | <u>.)</u> | - : |
| 2900 Cole | Court, Norcross, | GA 30071 | | · · | | |
| | | | | | , TAS | 96 |
| | | (Street address of p | principal office) | | 10: | 밁 |
| . If limited liabilit | ty company is a manag | ger-managed co | mpany, check here | e X | AHASS ALAA | DEC -3 |
| The usual busine | ess addresses of the m | anaging membe | ers or managers ar | e as follows: | | 골 ~ |
| 2900 Cole | Court, Norcross | , GA 30071 | , | · | | Š |
| | | | | | ᅙᇎ | |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | · | | | |
| | | | | | | |
| | | | | | | |
|). Attached is an origin | nal certificate of existence, n | no more than 90 day | s old, duly authenticat | ed by the official hav | ing custody | of reco |
| | e law of which it is organize | , | - | certificate is in a fore | ign langua | ge, a |
| anslation of the certific | rate under oath of the transla | itor must be submit | ted.) | | | |
| 1. Nature of busin | ness or purposes to be | conducted or pr | comoted in Florida | ı: Johnson Sou | theast, | L.L. |
| | | , / | <u>~</u> | / | | |
| | | 11 (1 | Mlux | | | · |
| | Signature of a men (In accordance with secti | | | | | |
| | an affirmation under the | | | | | |
| | | ohn W. Conle | | | | |
| | Тур | ed or printed na | me 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 of the Limited Liability Company is: | | | | | | |
|--|---|------------------|--|--|--|--|
| Johnson Southeast, | L.L.C. | | | | | |
| 2. The name and the Florida street | address of the registered agent and offi | ice are: | | | | |
| C T Corporation Syste | m | | | | | |
| | 99 SE | | | | | |
| The same of the sa | stem, 1200 South Pine Island Road | | | | | |
| Florida | street address (P.O. Box NOT ACCEPTABLE) | <u>νη</u> ω , | | | | |
| Plantation | FL 33324 City/State/Zip | PH 2: 55 EFLERID | | | | |

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

Francis P. Regan

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

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K93350041
CQNTROL NUMBER : K932959
DATE INC/AUTH/FILED: 08/06/1999
JURISDICTION : GEORGIA
PRINT DATE : 12/01/1999
FORM NUMBER : 211

CT CORPORATION SYSTEM RUDENE REMBERT 1201 PEACHTREE STREET, NE 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

JOHNSON SOUTHEAST, L.L.C. 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 Annual registration 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