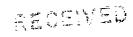
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FILING COVER SHEET

REFERENCE:	0173.4251		<u> </u>
DATE:	10.77-48		SECRE //SION
CONTACT:	CINDY HICKS		OF CARCO
FROM:	CORPORATE & CRIMINA	AL RESEARCH SERVICES	P FC S
*	103 N. MERIDIAN STREE	ET	Oth The The The The The The The The The Th
	TALLAHASSEE, FL 32301	1	
TELEPHONE:	222-1173	· · · · · · · · · · · · · · · · · · ·	y
SUBJECT:	Southern Com	fort Associate	3,40
	W98-24041		
STATE FEES PREPAID WI	TH CHECK # 11943 3454	For \$ <u>285, 00</u> For \$ 52,50 800002571 -10/22/98-	00585 01061005
PLEASE FILE:		*****52.50	
() ARTICLES OF INC.	() AMENDMENT	() DISSOLUTION	
() ANNUAL REPORT	() MERGER	() WITHDRAWAL	
QUALIFICATION	() LIMITED PARTNERSHIP	P () ANNUAL REPORT	
() FICTITIOUS NAME	() LIMITED LIABILITY	() REINSTATEMENT	
() TRADEMARK/SERVICE	() UCC-1	() ucc-3 80090/22/98, ****285.0	00585 -01061006 0 ****285.00
PROVIDE US WITH:	Name	7-74/	g anamedo.co
CERTIFIED COPY	() CERTIFICATE OF STAT Document Examiner Updater	2016	
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PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.



FLORIDA DEPARTMENT OF STATE

Sandra R Month Secretary of State

DIVISION OF CORPORATION

October 22, 1998

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: SOUTHERN COMFORT ASSOCIATES, LLC

Ref. Number: W98000024041

We have received your document for SOUTHERN COMFORT ASSOCIATES. LLC and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges **Document Specialist**

Letter Number: 498A00052170

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:

Name of foreign limited liability company so contained in the name at present.)	s, LLC	Words "limited company" and '	T
so contained in the name at present.)	wast over with the	words limited combany, of their a	abbreviation "L.C." if
Delaware	3		
(Jurisdiction under the law of which foreign company is organized)	limited liability	(FEI number, if a	pplicable)
10-5-98	5		
(Date of Organization)		(Duration: Year limited liability of exist or "perpetual")	company will cease to
· <u>Upon Fil</u> ina			
(Date first transacted business	s in Florida. (See :	sections 608.501, 608.502, and 817	155 F.S.)
c/o Michael H. Scott		,,	, 1 .5.,
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
550 Newport Center Drive, Suit	e 160, Newpo	ort Beach, CA 92660	
	(Street address of	principal office)	
	•		
List name, title, and business address of will manage the foreign limited liability	of each managing ty company in l	ng member[MGRM] or mana Iorida: (attach additional pag	ger[MGR]who e if necessary)
NAME & ADDRESS: HM Venture II, LLC 550 Newport Center Dr.	of each managing ty company in larger TITLE: Managing Member	ng member[MGRM] or mana florida: (attach additional pag NAME & ADDRESS:	ger[MGR]whon the if necessary); TITLE:
NAME & ADDRESS: HM Venture II, LLC 550 Newport Center Dr., Suite 160	TITLE: Managing	·lorida: (attach additional pag	TITLE:
NAME & ADDRESS: HM Venture II, LLC 550 Newport Center Dr.	TITLE: Managing	·lorida: (attach additional pag	ger[MGR]whon te if necessary) TITLE:
NAME & ADDRESS: HM Venture II, LLC 550 Newport Center Dr., Suite 160	TITLE: Managing	·lorida: (attach additional pag	TITLE:
NAME & ADDRESS: HM Venture II, LLC 550 Newport Center Dr., Suite 160	TITLE: Managing	·lorida: (attach additional pag	TITLE:
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NAME & ADDRESS: HM Venture II, LLC 550 Newport Center Dr., Suite 160	TITLE: Managing	·lorida: (attach additional pag	TITLE:

^{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.)

State of Delaware

Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTHERN COMFORT 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHERN COMFORT ASSOCIATES, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE DIVISION OF CHEFORATIONS
98 OCT 22 FM 4: 04

Edward J. Freel, Secretary of State

AUTHENTICATION:

9367085

981407292

2950348 8300

DATE:

10-22-98

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.

1. The name of the Limited Liability Company is:	
Southern Comfort Associates, LLC	
2. The name and the Florida street address of the registered agent and office are	::
NRAI Services, Inc.	
(Name)	DIVIS 981
526 E. Park Avenue	OCT
Florida street address (P.O. Box NOT ACCEPTABLE)	7
Talahassee, FL 32301	RFORA PH 4:
City/State/Zip	#10 :

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.

NRAI Services, Inc.

(Signature)

Charles Baclet, Vice Prisedent

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The under	signed member or autho	rized represent	tative of a member of			
	Comfort Associates		certifies:	-		
			s at least two members;			
2) the tota	al amount of cash contri	buted by the m	ember(s) is	\$	000	; .
(A des	the agreed value of property	perty other than	n cash contributed by member(s) is made a part hereto.)	\$0-		
by mer	al amount of cash and p mber(s) is otal includes amounts f		outed and anticipated to be contributed ove.)	ed \$ <u>1,0</u>	000	r
	HM Venture II, LI By: JV II, LLC,	LC, Member Managing Me	mber			
		vite section 608.44 vites an affirmation true.) . Member	a authorized representative of a m 08(3), Florida Statutes, the execution of thi a under the penalties of perjury that the fact		98 OCT 22 PM 4: 04	SECUS PART OF STATE SECUS PART OF STATE PROPERTY OF STATE THE S
		Typed	or printed name of ignee			-

Filing Fee: \$250.00 for Application and Affidavit