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COVER LETTER

SUBJECT: 108 N.W. PINE AVENUE LLC	
	mited Liability Company)
	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.
Please return all correspondence concerning this	matter to the following: SECRETARY OF STATE Name of Person) C C TABLE 13
KRISTEN E. SIMMONS, ES	SQ. 26
()	SQ. Vame of Person) Representation of Person PH 1
OSHINS & ASSOCIATES, LLC	
	Firm/Company)
1645 VILLAGE CENTER	CIR., STE. 170 (Address)
LAS VEGAS, NEVADA 8	9134
(City/S	State and Zip Code)
For further information concerning this matter, p	lease call:
KRISTEN E. SIMMONS, ESQ.	at (_702) 341-6000
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee} \text{ Certificate}	

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:

1.	108 N.W. PINE AVENUE LLC	
	(Name of Foreign Limited Liability Company)	
2	NEVADA 3. 593543470	
۷.	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
	company is organized)	
4.	5. PERPETUAL ES S	
	(Dark of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	CHIEFE STREET
	Life 10 200/s	į.
6.		الله الأ معمد
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	A ^{rea}
_	1645 VILLAGE CENTER CIR., STE. 170	_
7.	. 1049 VIELAGE CENTER CIR., STE. 170	در
	LAS VEGAS, NEVADA 89134	
	(Street Address of Principal Office)	
_		
8.	. If limited liability company is a manager-managed company, check here	
۵	. The name and usual business addresses of the managing members or managers are as follows:	
٦.	. The name and usual business addresses of the managing members of managers are as follows.	
	JAMES S. PENDERGRAFT IV	
	609 VIRGINIA DRIVE	
	ORLANDO, FLORIDA 32803	
th	O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconce jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)	nds in
1	1. Nature of business or purposes to be conducted or promoted in Florida: ANYTHING ALLOWABLE BY	'LAW
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S. vibe execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	

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.

 The name of the Limited Liability Company is: N.W. PINE AVENUE LLC 	SECTIETAR TALLAHASS
2. The name and the Florida street address of the registered agent and office are	PH 1:1
WILLIAM P. WEATHERFORD JR. (Name)	
1150 LOUISIANA AVENUE, SUITE 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)	and and a second a
WINTER PARK FL 32789 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, Florida Statutes.

(Signature)

\$ 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



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, 108 N.W. PINE AVENUE LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 10, 2006, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 10, 2006.

DEAN HELLER

Secretary of State

Certification Clerk