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NAME:

TIC ALTAMONTE SHS 5, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST:

\$160

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUI

ABBIE/PAUL HODGE

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

IC Altan	nonte SHS 5, LLC		•	5 75
	(Name of Forei	gn Limited Liability Com	pany)	5/2/
	Delaware	2		ChO ₂
	n under the law of which foreign limit	ed liability	(FEI number, if applicable)	~ J.
mpany is	s organized)			0,7
	December 7, 2006	5	Perpetual	
	(Date of Organization)	(Duratio exist or	n: Year limited liability company v "perpetual")	vill cease to
			•	
	(Date first transacted by	usiness in Florida, if prior	to registration.)	
	(See sections 608,501 &	608.502 F.S. to determine	e penalty liability)	
	6363 Woodway	y, Suite 110, Houston, Te	xas 77057-1714	
		-		
	7Su	reet Address of Principal	Office)	
	(44		<u>_</u>	
flimited	d liability company is a manager	r-managed company,	check here 🔲	
CI		.64	t C. 11 .	
ne nam	e and usual business addresses	or the managing mem	bers or managers are as iono	ws:
Donovan	n W. Elijah and Fay LaVonne Elijah, a	s husband and wife as Joi	nt Tenants with right of survivorsh	ip
11204 V	alley Spring Drive			
	<u> </u>			
Oakdale,	CA 95361			
ody of rec	is an original certificate of existence cords in the jurisdiction under the large language, a translation of the	aw of which it is organi:	zed. (A photocopy is not accepta	ible. If the certif
Nature of	of business or purposes to be con	nducted or promoted	in Florida:	
		Real Estate Investment		
			·	
	-7/11 A	Ada G da	11/2	
	Mya Signatura of a mamb	Nig C 12	hasentative of a mambar	
	(In accordance with section	er or an authorized re 608.408(3), F.S., the execut	presentative of a member.	
	(In accordance with section an affirmation under the per	er of an authorized re 608.408(3), F.S., the executi nalties of perjury that the fac	ion of this document constitutes its stated herein are true.)	
	(In accordance with section an affirmation under the per Mar	er or an authorized re 608.408(3), F.S., the execut	ion of this document constitutes its stated herein are true.) erson	

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:
TIC Altamonte SHS 5, LLC
2. The name and the Florida street address of the registered agent and office are:
National Corporate Research, Ltd.
(Name)
515 East Park Avenue
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee, Florida 32301
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 registere 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. By: Melywi, Asstace.
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIC ALTAMONTE SHS 5, 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 NINTH DAY OF DECEMBER, A.D. 2006.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5262663

DATE: 12-09-06

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