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(Address)				
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## TRANSMITTAL LETTER

FILED 03 JUL -1 PM 3: 36

ALLAHASSEE, FLORIDA

Certified Copy

TO: Registration Section Division of Corporations RAS Glenwood Partners, Inc. SUBJECT: (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: Jon R. Erîckson (Name of Person) Schulten Ward & Turner LLP (Firm/Company) 260 Peachtree Street, Suite 2700 (Address) Atlanta, Georgia 30309 (City/State and Zip code) For further information concerning this matter, please call: Jon R. Erickson 404 688-6800 (Area Code & Daytime Telephone Number) (Name of Person) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines St. Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$87.50 Filing Fee, **□** \$70.00 Filing Fee **2** \$78.75 Filing Fee & \$\square\$ \$78.75 \text{ Filing Fee & } Certificate of Status & Certificate of Status Certified Copy

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TALLAHASSEE, FLORIDA

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- > Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit 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 corporate records in the state or country under the law of which it is incorporated. 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.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the transmittal letter and send one check for the total amount made payable to the Florida Department of State.
- The transmittal letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the transmittal letter.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

	BUSINE	SS	ON FOR AUTHORIZATION TO TRANSACT IN FLORIDA  FILE
IN COMPLIANC REGISTER A FC	TE WITH SECTION 607.1503, FLORID PREIGN CORPORATION TO TRANSAC	A S'. CT I	TATUTES, THE FOLLOWING IS SUBMITTED TO JUL - 1 PROUSINESS IN THE STATE OF FLORIDA.  I ALL AHASSEE, I
, RAS Glen	wood Partners, Inc.		MLLAHASSEE"
(Name of corpo		early	vindicate that it is a corporation instead of a
<sub>2.</sub> Georgia		3.	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)
4. 12/18/20	000	5.	Perpetual
(Dat	e of incorporation)	٠.	Perpetual  (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qu	alification		
(Date first transa			transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)
<sub>7</sub> 4000 N. 0	Ocean Drive, E-202B, Singer Isla	nd,	Florida 33404
/·	(Principal office	add	ress)
4000 N. 0	Ocean Drive, E-202B, Singer Isla	nd,	Florida 33404
	(Current mailing	addı	ress)
8. Acting as a	a general partner of Glenwood Oa	aks	Partners, L.L.P.
· (Purpose	(s) of corporation authorized in home state of	r co	untry to be carried out in state of Florida)
9. Name and str	eet address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)
Name:	Robert A. Scarmazzo		· · · · · · · · · · · · · · · · · · ·
Office Address:	4000 N. Ocean Drive, E202-B		<del></del> .
	Singer Island		, Florida 33404 (Zip code)
	(City)		(Zip code)
Having been nar designated in thi further agree to	s application, I hereby accept the appo	intr tes r	ice of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my f my position as registered agent.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12: Names and business addresses of officers and/or directors: FILED A. DIRECTORS Chairman: Robert A. Scarmazzo Address: \_4000 N. Ocean Drive, E-202B Singer Island, Florida 33404 Vice Chairman: \_\_\_\_\_ Address: \_ Director: Robert A. Scarmazzo 4000 N. Ocean Drive, E-202B Singer Island, Florida 33404 Director: \_ Address: **B. OFFICERS** Robert A. Scarmazzo President: 4000 N. Ocean Drive, E-202B Address: Singer Island, Florida 33404 Robert A. Scarmazzo Vice President: \_ 4000 N. Ocean Drive, E-202B Address: Singer Island, Florida 33404 Robert A. Scarmazzo Secretary: \_ 4000 N. Ocean Drive, E202B Treasurer: NOTE: If necessary for may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

# **Secretary of State**

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

SCHULTEN WARD & TURNER LLP DOROTHY REYELTS 260 PEACHTREE ST NW STE 2700 ATLANTA, GA 30303 DOCKET NUMBER : 031710338

CONTROL NUMBER : 0055130

DATE INC/AUTH/FILED: 12/18/2000

JURISDICTION : GEORGIA

PRINT DATE : 06/20/2003 FORM NUMBER : 211

TALLAHASSEE,

#### 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

### RAS GLENWOOD PARTNERS, INC. A DOMESTIC PROFIT CORPORATION

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.



July Cop

Cathy Cox Secretary of State