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SECRETARY OF STATE

MR) 8

COVER LETTER

TO: New Filing Section Division of Cor			
_{SUBJECT:} Blake	H. Winburne, F	P.C.	
		ition - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence		for Authorization to Transact Standing" and check are subn siness in Florida.	
Please return all corresp	ondence concerning this ma	atter to the following:	
Rita Groark			
	Name	of Person	
McDermott W	ill & Emery LLP)	
		Company	
227 W. Monro	oe St.		
	Α	ddress	
Chicago, IL 60	0606-5096		
		ite and Zip code	
rgroark@mwe.d			
	E-mail address: (to be us	sed for future annual report no	tification)
For further information	concerning this matter, plea	se call:	
Rita Groark 91 / 312 \ 984-6497			
Rita Groark at (312) 984-6497 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for t	he following amount:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 28, 2011

RITA GROARK MCDERMOTT WILL & EMERY LLP 227 W MONROE ST CHICAGO, IL 60606-5096

SUBJECT: BLAKE H. WINBURNE, P.C.

Ref. Number: W11000023801

We have received your document for BLAKE H. WINBURNE, P.C. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 311A00010359

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Blake H. Wil (Enter name of co "Inc.," "Co.," "Co	nburne, P.C. orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)	
2. Texas	3	27-4403486	
(State or country	under the law of which it is incorporated)	(FEI number, it applicable)	
4. 12/23/2010		Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. <u>1/1/2011</u>	(Data first transported by ingg	in Florida, if poor to registration)	
		502, F.S., to determine penalty liability)	
7. 1000 Louis	siana, Suite 3900, Houston		
_	(Principal office add	dress)	
Same	(Current mailing add	dean	
	(Current marring aut	m(c22)	
8. Practice of	of law		
(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	3 =
9. Name and stree	t address of Florida registered agent: (P.0	O. Box NOT acceptable)	
Name:	Ira J. Coleman	<u> </u>	
0.00	201 S. Biscayne Blvd. 22nd F	loor	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Office Address:	BAlancia	22121	10F ST
	Miami (City)	, Florida 33131 (Zip code)	10 00 gm
		(5.1) 6.000	雪 25
designated in this further agree to co	ed as registered agent and to accept serve application, I hereby accept the appoints	ice of process for the above stated corporation at the plot ment as figistered agent and agree to act in this capaci relative to the proper and complete performance of my settion as registered agent.	ity. 1
	(Registered agent's signature)		
the Department of	ertificate of existence duly authenticated,	, not more than 90 days prior to delivery of this applicati Ifficial having custody of corporate records in the jurisdi	ion to ction

11 HAY 17 AM 8: 25

12. Names and business addresses of officers and/or directors:

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SECRETARY OF STATE

A. DIRECTORS	THE THANSEE FLORIDA	
Chairman: Blake H. Winburne		
Address: 1000 Louisiana, Suite 3900		
Houston, TX 77002	makan ng na ang na a	
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: Blake H. Winburne		
Address: 1000 Louisiana, Suite 3900		
Houston, TX 77002		
Vice President:		
Address:		
Secretary: Blake H. Winburne		
Address: 1000 Louisiana, Suite 390, Houston, TX 7700	2	
Treasurer: Blake H. Winburne		
Address: 1000 Louisiana, Suite 390, Houston, TX 7700)2	
NOTE: If necessary you hav artach an addendum to the application listin	ng additional officers and/or directors.	
Signature of Director or Office. The officer or director signing this document (and who is listed in number are true and that he or the is aware that false information submitted in a dothird degree felony as provided for in s.817.155, F.S.	12 above) affirms that the facts stated herein	
14. Blake H. Winburne, President		

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Blake H. Winburne, P.C. (file number 801360755), a Domestic Professional Corporation, was filed in this office on December 23, 2010.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 06, 2011.



Hope Andrade Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 367069140003