APPROVEL AND

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| C | ED LIABIL OMPANY STATEME | | | S | DEPART atherin ecretary ION OF C | ne Ha y of S | arris State | | r ti n D | e TAD | Y OF | 9: 48 STATE CORIDA | ķ | |
|--|---|--|--|--------------------|---|-----------------|-----------------------|---|---|-----------------------|---|--------------------------|-------------|----------------|
| DOCUMENT # L00000015513 1. Limited Liability Company's Name | | | | | | | | | O | 90 <u>0</u> |) () () () () () () () () () () () () () () () () () () (| 971 5/02(200.00 | 0104Q: | |
| CA | ARECORP, | LLC | | | | | | | | | TE | | | 2002 |
| • | Office Address | 1 | 3. Mailing Office Address 5600 N. Flagler Drive | | | | | ry of Form | nation | | · . | | | |
| | <u>-</u> | Suite, Apt. #, etc. | | | | | Palm Beach County | | | | | | | |
| Suite, Apt. #, | | | | | | | | 5. Date Organized or Qualified To Do Business in Florida | | | | | | |
| Unit 5 | | | | | <u>Unit 504</u> | | | | | ness in Flo | onda | 12/1 | 4/2000 | 0 / |
| City & State | | - | | City & State | City & State | | | | | r | | | I—12 | polied For |
| | <u>alm Bea</u> | | FL | West Pa | 1m Be | | | | None | | | | 19N | ot Applicable |
| Zip Country 33407 | | | Zip Country 33407 Palm Beach | | | | each | CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status | | | | | | |
| | | - | | 8. Na | ame and A | \ddres | s of Curr | ent Register | red Agent | | | | | _ |
| 9. I, being Signature of Registered | 5600 1 Suite Apt #; Unit ! City of T West I | ss (P.O. N. F Etc. 504 | Beach dagent of the et | majer, about 1000 | liability co | ompany | y, am fami | n men kin i | accept the obligati | State State Ons of Cr | zip C 3340 | 7 | (pro troub) | e ra jer |
| 10. Name | s and Street Ad | dresses | of Managing M | embers/Managers | | | | | | | | | | _ |
| Titles | igers | Street Address of Eac Managing Member/Man | | | | | | | | | | | | |
| 7-1 | Cort1 | and+ | Sport | | 5600 | N | Flac | lor Dr | Hode 5 | በለ ፔታሪ | at D | olm Ro | a ch | ET 33407 |
| MGRM. | Cortlandt Snow | | *= | | O W. Flagrer Dr | | | UIIIC J | | t Palm Beach, FL33407 | | | | |
| | | | | , - | | | | | | | | 50.00 |) -C | F |
| | | | | | | | | | | | 13 | <u>50.00</u> 50.00 | 0-1 | Adm |
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| *17. | | | | | | | | | | | | - - | | |
| as if m | s owed by the lin | mited lia | nember/manage ation the reason bility company to | ave been paid. The | information | on indic | cated on th | is application | plication as provide pany name satisfie in is true and accura | ate, and n | ny signati | ure shall have | e the same | e legal effect |
| Turned or pr | rinted name of s | igning l | Managing Memb | er/Manager(| Cortla | andt | t Snor | J | | | | | | |