

LOS 0000 56128

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

orchid island limited, llc

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 7, 2005

EMPIRE

SUBJECT: ORCHID ISLAND LIMITED, LLC
REF: W05000028070

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "LIMITED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Howdy howdy

The name of the Limited Liability Company is:

ORCHID DELTRUST, LLC

The mailing address and street address of the principal office of the Limited Liability Company is:

**1550 NE Miami Gardens Drive, Ste 405
North Miami Beach, FL 33179**

The name and the Florida street address of the registered agent are:

MARK E. ROUSSO, ESQ.

**18151 NE 29th Avenue, Suite 900
Aventura, FL 33180**

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, F.S.

Registered Agent's Signature

X The Limited Liability Company is to be managed by the managers and is, therefore, a member managed company.

RON DAVIDSON
IZHAK ORCAD

Signature of a member or an authorized representative of a member,

(In accordance with Section 901.401(3), Florida Statutes, the 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

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