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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MORAN, KIDD, LYONS, JOHNSON & BERKSON, P.A.
Account Number : I20000000003
Phone : (407) 841-4141
Fax Number : (407) 841-4148

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CAFE POINTE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


SCOTT E. JOHNSON
Authorized Representative

WITNESS my hand and official seal in the County and State last aforesaid this 16th day of March, 2009.

NOTARY PUBLIC

KRISTY N. BRUMBACK
Commission DD 838262
Expires November 11, 2010
Bonded Thru Troy Fair Insurance 800-388-7010

DEPT. OF STATE
HALL: FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING
APPOINTMENT AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is: **CAFÉ POINTE, LLC**
2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

Moran Kidd Lyons Johnson & Berkson, P.A.
111 North Orange Avenue, Suite 1200
Orlando, Florida 32801
Attn: Scott E. Johnson

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

Having been named as registered agent and to accept service of process for the above named 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.

MORAN KIDDL YONS JOHNSON & BERKSON, P.A.

By: _____

SCOTT E. JOHNSON
Vice President

March 16, 2009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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