

November 29, 1999

Florida Department of State Registration-Division of Corp. P.O. Box 6327 Tallahassee, FL 32399 400003059154;;-5... -12/02/99--01069--010 \*\*\*\*\*\*80.00 \*\*\*\*\*\*80.00... 400003059154;-5... -12/02/99--01069--011 ...\*\*\*\*\*80.00 \*\*\*\*\*\*80.00...

Dear Sirs:

Network Property Services, a property management firm, represents two entities from the state of Indiana that have real estate investments in Florida. I am sending the necessary documentation in order to register the two entities with your office.

Please review the enclosed information and send the appropriate certification back to my office once the procedure is complete. If you need further information, please call or write to the address below.

Thank you in advance for your prompt attention to this matter.

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Sincerely,

Julie Freeman

Property Manager

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# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 7, 1999

JULIE FREEMAN NETWORK PROPERTY SERVICES 1107 S TILLOTSON AVE SUITE 3 MUNCIE, IN 47304

SUBJECT: DELAWARE ASSOCIATES, L.L.C.

Ref. Number: W99000027934

We have received your document for DELAWARE ASSOCIATES, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$3377.50.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

The docuemnt must include the period of duration, which may be perpetual.

The document must contain the names and street addresses of the members or managers of the limited liability company.

The registered agent designated must be an active Florida corporation of a foreign corporation authorized to transact business in Florida. Please correction document.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 999A00057571



### FLORIDA DEPARTMENT OF STATE Katherine Harris

Katherine Harris Secretary of State

February 25, 2000

JULIE FREEMAN NETWORK PROPERTY SERVICES 1107 S TILLOTSON AVE SUITE 3 MUNCIE, IN 47304

SUBJECT: DELAWARE ASSOCIATES, L.L.C.

Ref. Number: W99000027934



We have received your document for DELAWARE ASSOCIATES, L.L.C. and check(s) totaling \$3238.75. However, your check(s) and document are being returned for the following:

The total amount due is \$2377.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 100A00010308

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (Street address of principal office) 8. If limited liability company is a manager-managed company, check here . 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (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.) 11. Nature of business or purposes to be conducted or promoted in Florida: bu

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., 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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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:
	Relaware Associates L.L.C
2.	The name and the Florida street address of the registered agent and office are:
	Bond, Schoenock of Kings (Dennis Cranin)
	400/ Samani hail York Ste. 404  Florida street address (P.O. Box NOT ACCEPTABLE)
	Maples FL 34/03 City/State/Zip

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..

Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

### STATE OF INDIANA

### OFFICE OF THE SECRETARY OF STATE

### CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the limited liability company records and the proper official to execute this certificate.

I further certify that records of this office disclose that

### DELAWARE ASSOCIATES, L.L.C.

filed Articles of Organization effective January 27, 1994, and is a limited liability company duly organized and existing under the laws of the State of Indiana.

I further certify this limited liability company has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twentieth day of October, 1999.

Sue anne Gilroy, Secretary of State