CT Corporation System 660 East Jefferson Street

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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CORPORATION(S) NAME			TAL	
			27	
			SE	
GB Ocala, LLC	,			
			ORIDA	
			Sr	
			<u></u>	
() Profit () Nonprofit	() Amendment	() Merger		
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark		
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC		
() Certified Copy	() Photocopies	() CUS		
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up		

Name

Availability_

Document

Examiner

Updater_

Verifier_

Acknowledgement/

W.P. Verifier_

04/28/00

DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHESEE, FLORIDA

SI:11MA 8S A94 00

RECEIVED

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

IN COMPLIANCE WITH SECTION 08.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. C	B OCALA, LLC	1			
	(Name of foreign limited liability company)				
. S	tate of Washington	3. To E	Be Applied For		
Ju (Ju	risdiction under the law of which foreign limited liability		(FEI number, if applicable)		
	npany is organized)				
4. <u>/</u>	pril 26, 2000	5. Perp			
_	(Date of Organization)		on: Year limited liability company "perpetual")	will cease to	
		CAIST OF	porpettar)	ASE.	8
6. N	May 1, 2000				
	(Date first transacted business in Florida. (See se	ections 608.501	, 608.502, and 817.155, F.S.)		
	510 Aires of War Court Court Court Washington	. 00121		<u> </u>	28
7. <u>:</u>	512 Airport Way South, Seattle, Washington	1 90134	· · · · · · · · · · · · · · · · · · ·		클
				ري. دين	
	(Street address of	principal office)	OR!	
				Dmi A	Ċ
8.	If limited liability company is a manager-managed con	mpany, chec	ck here X	-	
9.	The usual business addresses of the managing membe	rs or manag	ers are as follows:		
	T. I. D. Allinet 2510 Aliment West Courth Co	nottle We	shington 00124		
	John R. Abbott, 3512 Airport Way South, Se	eaure, was	SIIII 90154		
		,			
				2.3	
		sith on OO doz	o ald duly authenticated by:	the official ha	vina
10.	Attached is an original certificate of existence, no more custody of records in the jurisdiction under the law of	of which it is	s organized. (A photocopy	is not accepta	able.
	If the certificate is in a foreign language, a translation	on of the ce	rtificate under oath of the t	ranslator mus	t be
	submitted.)				
11.	Nature of business or purposes to be conducted or p	romoted in	Florida: Ownership and l	easing of re	<u>eal</u>
<u>pro</u>	perty.	,			
	\sim				
		/ 	-()		
		Vistor	- The Cora		
	Signature of a member or an author	ized represe	ntative 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	mat me facts st	ateu nerem are true.)		
	William J. Lind	lberg, Jr	Esq.		

Typed or printed name of signee

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:	OO APR 2 SECRETAF XLLAHAS
GB OCALA, LLC	\$\frac{1}{2} \text{X}
2. The name and the Florida street address of the registered agent and office are:	AM II: 45 OF STATE EE, FLORID,
C T Corporation System	2A 51
(Name)	_
c/o C T Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box_NOT ACCEPTABLE)	-
Plantation FL 33324	<u></u>
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..

CT Corporation System

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(Signature) Rathleen C. Gariepy, Asst. Secy.

\$ 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 WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

GB OCALA, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named limited liability company was formed under the laws of the State of Washington and was issued a Certificate of Formation in Washington on April 26, 2000.

I FURTHER CERTIFY that as of the date of this certificate, no cancellation has been filed, and that the limited liability company is duly authorized to transact business in the limited liability company form in the State of Washington.



April 26, 2000 Date:

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

