Exchange Properties Group America Requester's Name 2385 Executive CTR Dr. Steloe Address Boca Katon Fl 33431 City/State/Zip Phone

| | Office Use Only |
|---|--|
| CORPORATION NAME(S) & DOCU | UMENT NUMBER(S), (if known): |
| 1 | 5000032558954 5000032558954 -05/17/0001068004 ****130.00 ****130.00 |
| (Corporation Name) | (Document #) |
| 2. | w-1313a |
| (Corporation Name) | (Document #) |
| 3. | _ |
| (Corporation Name) | (Document #) |
| (Corporation Name) | (Document #) |
| Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name | Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other |

CR2E031(7/97)

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 22, 2000

EXCHANGE PROPERTIES GROUP AMERICA 2385 EXECUTIVE CTR DR., STE 100 BOCA RATON, FL 33431

SUBJECT: EXCHANGE PROPERTIES GROUP AMERICA, LLC

Ref. Number: W00000013139

We have received your document for EXCHANGE PROPERTIES GROUP AMERICA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A photocopy of the certificate of existence is not acceptable.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 100A00028956

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:

| 1. Exchange Properties Group America 11C (Name of foreign limited liability company) |
|--|
| 2. DECAUSCE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 13-4054416 (Feb 74x 10) |
| 4. 2 9 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. New Company (and Company (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) |
| 7. 2385 EXECUTIVE CTR DR |
| Scile 100 Bock RATON FC 3343) (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: |
| Chors Reynolds same as About |
| The state of the s |
| |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record 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:Sqle of |
| Sparts Menorabika |
| |
| 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.) |
| Chais Reynolds |
| 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 Li | ability Com | pany is: | | | |
|--|--|---|---|--|---------------------------------------|-----------------------|
| E'xchange | Roperties | Grosp | America | 40 | | |
| 2. The name | and the Florida st | reet address | of the registered | agent and office ar | ·e: | |
| | Chris A | yndds | (Name) | | | - |
| | | / | (Name) | | | |
| | 2385 & | <u>kecutwe</u> | CIR DR | ACCEPTABLE) | | |
| | Flo | rida street addi | ress (P.O. Box <u>NOT</u> | ACCEPTABLE) | | |
| | BOCA RAS | ter | FL City/State/Zip | 3343/ | | 1 1 |
| | | | City/State/Zip | | | en remains y Total |
| | | | | | | , |
| liability compai agent and agree relating to the p | ny at the place des e to act in this cap proper and comple | ignated in th acity. I furth te performan | is certificate, I her er agree to comply ice of my duties, ar | process for the abo eby accept the appo with the provision ad I am familiar wit Chapter 608, F.S | ointment as reg as of all statutes | gistered S |
| _(l~ | (Signature) | | . | | , | |
| | (Signature) | | | | | |
| | | m 100 00 | - 222 | | | |
| | | \$ 100.00 \$ 25.00 | Filing Fee for A Designation of | pplication Registered Agent | | |
| | | \$ 30.00 | Certified Copy | (optional) | | |
| | (| \$ 5.00 | Certificate of St | atus (optional) | | |

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "EXCHANGE PROPERTIES GROUP AMERICA, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF FEBRUARY, A.D. 1999, AT 3:30 O'CLOCK P.M.

0506103

AUTHENTICATION:

06-19-00

001305498

8100

3004645

DATE: