Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number : 075201001473 Phone : (561)650-7900

Fax Number : (561)655-6222

AL 1

FOREIGN LIMITED LIABILITY COMPANY

CSC Vinings GP, L.L.C.

Certificate of Status	I
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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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

	CSC (Name o	VININGS GP, L.L. f foreign limited liability	.C.	
	(radia: c	a teacibu ummeri Habitti.	(company)	
<u>Delaware</u>		3_	*applied for"	
(Jurisdictio liability cor	n under the law of which forei mpany is organized)	gn Irmired	(FEI number, if applicab	le)
August 1	6, 2000 Organizacjon)	5.	"perpetual"	
(thate of	Organizațion		(Duration: Year limited hability cease to exist or "perpetual")	company will
		upon qualification		므 등
(Di	tte first transacted business in .	Florida (See sections 6)	08 501, 608, 502, and 817.155, F.S.)	6
	250 Aus	<u>tralian Avenue So</u>	uth, Suite 1003	
	Wes	t Palm Beach, FL 3	3401	70
	(Stre	er address of principal o	office)	
If limited liability company is a manager-managed company, check here □		05		
The usual	business address of the	managing members	or managers are as follows.	
	250 Aust	ralian Avenue Soi	nth, Suite 1003	
		Palm Beach, FJ. 3		
the officia (A photoc	al having custody of reco	ords in the jurnsdict If the certificate is	ore than 90 days old, duly auth ion under the law of which it in a foreign language, a trans ed.)	is organized
Nature of	business or purposes to	be conducted or pro	omoted in Florida: to engage	in any act c
activity for	or which limited habili	ty companies may	be organized under the Flo	rida Limue
Liability (Company Act,			
	film	AMM		
	Signature of a member	or an authorized represe	numve of a member.	
	(in accordance with se-	ction 608.408(3), F.S. d	ie execution of this	
	that the facts stated her	n affirmation under the j	ensures of perjury	
		dam Schlesinger		

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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.	
	CSC VININGS GP, L.L.C.	00 SEVICE
2.	The name and the Florida street address of the registered agent and office are:	EC I
	Adam Schlesinger	9 5 <u>2</u>
	(Name)	3
	250 Australian Avenue South, Suite 1003	5: 05
	Florida street address (P.O. Box NOT ACCEPTABLE)	5 8
	West Palm Beach, FL 33401	
	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..

Adam Schlesinger

\$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 Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSC VININGS GP, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE BIVISION OF CORPORATIONS

Edward J. Freel,

dward J. Freel, Secretary of State

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AUTHENTICATION: 0863622

DATE: 12-19-00