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660 East Jefferson Stree Tallahassee, FL 32301			
Tel. 850 222 1092	JANU		3 6 6
Fax 850 222 7615	•		₹ ॲ

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

IN COMPLIANCE WITH SECTION 603:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ALLIANCE, LLC
(Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) / 1 · 0 / · 2000 (Date of Organization) ansacted business in Florida. (Ses sections 608.501, 603.502, and 817 155, F.S.) Edge ROAD NoR1H 8. If limited liability company is a manager-managed company, check here 9. The usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, normore than 90 days old, duly authoricated by the official having custody of recents in the juristiction 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 uncler cash of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: <u>REAL</u> Signature of a member or an authorized representative of a member. (In actordance with section 608.408(3), F.S., the execution of this document constitutes on affirmation under the penalties of perjury that the facts stated berein are true;)

M. MORAN, JR.

Typed or printed name of signee

JAMES

## 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 Limi	ted Liability Company is:	-			
Eastern Alliar	nce, LLC					_
2. The name	e and the Flo	rida street address of the registered ag	gent and office are:			
				TAIS.	10	
	C T Corpo	ration System	· ·	2-1	6 <u>5</u> 3	
(Name)				il Assi	B 13	
c/o C T Corporation System, 1200 South Pine Island Road			Fig	ř.d		
		Florida street address (P.O. Box NOT A	.CCEPTABLE)		-:-	
	Plantation	<b>FL</b> 33324	<u>.                                  </u>	Ţ>-		
		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.

C T Corporation System

KORRI A. BEHLER Special Assistant Secretary

\$ 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

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## Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EASTERN ALLIANCE, LLC" 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 TWELFTH DAY OF FEBRUARY, A.D. 2001.

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

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 0967512

DATE: 02-12-01

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