

01000001246

ACCOUNT NO. : 07210000032

REFERENCE: 167517

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: May 30, 2001

ORDER TIME : 10:42 AM

ORDER NO. : 167517-180

500004340305--9

CUSTOMER NO: 4806599

CUSTOMER: Ms. Katherine J. Leblanc

Mcdermott, Will & Emery

28 State Street

Boston, MA 02109

FOREIGN FILINGS

NAME: 2900 TWELFTH STREET NORTH, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

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:

	n limited	liability com	pany)			
Delaware.	2 3-	mlied for				
Jurisdiction under the law of which foreign limited liability	, 3. <u>- A</u>	plied for	El number,	f applicabl	-	
company is organized)		(-	number,	x applicati	· · ·	
May 30, 2001						
(Date of Organization)		rpetual	m limaita d lint	:124		
(ex	uration: Yea ist or "perpe	r minted nai tual")	onity compa	iny wili ceas	e to
Upon Qualification						
(Date first transacted business in Florida. (Se	ee section	ns 608 501 - 6	08 502 and	217 155 E	c	
		000.501, 0		617.133, F	.s. <i>)</i>	
2900 Twelfth Street						
Nowth Youles III Dadge					·	
North Naples, FL 34103 (Street address	aa of mai-	-i1 - CC - \				
(Biroct addres	ss or britte	cipai oince)				
If limited liability company is a manager-manage	d comp	anv check	here 😯		: - 	
						9
The name and usual business addresses of the man	naoino	members o	r managar	a ara aa fa	>2	
		dionibors (i manager	s are as ic	шомs	700
Carole Banks					35	5
	**	<u> </u>				
34921 US Hwy 19N, Suite 415					n di	
			·		- 유턴	<u> </u>
Palm Harbor, FL 34684						2
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Attached is an original certificate of existence, no more than 9	O days old	1 duly auther	ticated by the	official hav	·	
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Nature of business or purposes to be conducted or Facility and to render any and all services Signature of a member or an au	py is not a braitted) or promotine incerded	acceptable. If	rida: To o	perate a	ign language	ofre
Nature of business or purposes to be conducted of Facility and to render any and all services	py is not a braitted) or promotine idea uthorize	acceptable. If	rida: To o	perate a	ign language	of re

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 Compa	my is:			
2900 Twelfth Street North, LLC				
2. The name and the Florida street address of	of the registered a	gent and office are:	OI FAL	
Corporat	cion Service Com (Name)	npany	JUB -4 CRETARY	AF AN
T	01 Hays Street	ACCEPTABLE)	PM 2: 26 COF STATE EE, FLORIDA	HO.
Tallahassee	FL City/State/Zip	32301	0 A	~

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)

BRIAN COURTNEY, ASST. V.P.

\$ 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, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2900 TWELFTH STREET NORTH, 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 THIRTY-FIRST DAY OF MAY, A.D. 2001.

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Warriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1161664

DATE: 05-31-01

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