CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • <u>1</u>-800-342-8062 • Fax (850) 222-1222

North Shell +

Signature

Name

Walk-In _

Requested by:

174 Ponder's Printing - Thomasville, GA 8/00

Date

Will Pick Up ____

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\$60-342-8062 · Fax (850) 222-1222 OOO OO 19

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| | Annual Report / Reinstatement | · | | _ | _ | |
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| X_ | Photo Copy | | | | | |
| | Certificate of Good Standing | | | | | |
| | Certificate of Status | | | | | |
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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 RUSINESS IN THE STATE OF FLORIDA:

| March 1, 2000 (Date of Organization) August, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 2349 Jamestown Avenue, Independence, Iowa 50644 (Street address of principal office) (Street address of principal office) The usual business addresses of the managing members or managers are as follows: | (Name of foreign J | limited liability company) | |
|--|--|---|--|
| (Jurisdiction under the law of which foreign limited liability company is organized) March 1, 2000 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") August, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 2349 Jamestown Avenue, Independence, Iowa 50644 (Street address of principal office) (Street address of principal office) The usual business addresses of the managing members or managers are as follows: Blin Managment Co., Manager P.O. Box 773 |)elaware | 2 36.4351006 | |
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| August, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 2349 Jamestown Avenue, Independence, Iowa 50644 (Street address of principal office) If limited liability company is a manager-managed company, check here The usual business addresses of the managing members or managers are as follows: Blin Managment Co., Manager P.O. Box 773 | March 1, 2000 (Date of Organization) | | will cease to |
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| P.O. Box 773 | The usual business addresses of the managing men | mbers or managers are as follows: | 9 PM RY OF SEE, F |
| | Blin Managment Co., Manager | | 01.5 1.5 1.5 1.5 |
| Independence, IA 50644 | P.O. Box 773 | | 34 NTE NDA |
| | Independence, IA 50644 | | |
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| e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a | lation of the certificate under oath of the translator must be sub | omitted.) | |
| e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.) | Nature of business or purposes to be conducted or | r promoted in Florida: Real estate develo | pment and |
| | | | |

Typed or printed name of signee

James L. Blin, President of the Manager

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.)

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: | | |
|--|--------|---|
| North Shell & Higel, L.L.C. | | _ |
| 2. The name and the Florida street address of the registered agent and office are: | | |
| Lexis Document Services Inc. | | |
| (Name) | FE | _ |

1300 Executive Center Drive, #425

Florida street address (P.O. Box_NOT ACCEPTABLE)

Tallahassee FL 32301

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..

Lexis Document Services, Inc.

Limbuly of Shough, Kimberly L. Sharpe, Assistant Secretary (Signature)

\$ 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 "NORTH SHELL & HIGEL, 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 TWENTY-SEVENTH DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH SHELL & HIGEL, L.C." WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE DEEN PAID TO DATE.

AUG 29 PH 12: 31





Warriet Smith Windson, Secretary of State

DATE: 08-27-01

AUTHENTICATION: 1316058

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