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Ginn-Bulow GP, LLC			. v s.
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Name Availability Document Examiner Updater	JOY-21 3/14/01 M3	Order#: 4785689 SOOOO4588478 -09/14/0101028- Ref#: ****125.00 *****	32 -013 125.00
Verifier W.P. Verifier		Amount: \$	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 14, 2001

CT CORPORATION SYSTEM

SUBJECT: GINN-BULOW GP, LLC Ref. Number: W01000021397

We have received your document for GINN-BULOW GP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

A brief description of the entity's nature of business must be included in the U document.

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 (850) 245-6025.___

Trevor Brumblev Document Specialist

Letter Number: 001A00051

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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:

Ginn-Bulow GP, LLC		
(Name of forei	eign limited liability company)	-
Georgia (Jurisdiction under the law of which foreign limited liability company is organized)	3. n/a (FEI number, if applicable)	٠ -
September 12, 2001 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
Upon qualification (Date first transacted business in Florida.	. (See sections 608.501, 608.502, and 817.155, F.S.)	
1 Florida Park Drive South, Ste 300		-
Palm Coast, FL 32137		
(Street add	ldress of principal office)	•
3. If limited liability company is a manager-mana		
. The usual business addresses of the managing r	members or managers are as follows:	<u> </u>
1 Florida Park Drive South, Ste 300	SEST 1	
Palm Coast, FL 32137	AN 8: FLORI	 -
	DA 52	_
10. Attached is an original certificate of existence, no more that he jurisdiction under the law of which it is organized. (A photomanslation of the certificate under oath of the translator must be	han 90 days old, duly authenticated by the official having custody of re totocopy is not acceptable. If the certificate is in a foreign language, a be submitted.)	- econ
11. Nature of business or purposes to be conducted	eted or promoted in Florida: Any and all lawful	_
business not specifically prohibiti the laws of the State of Florida Signature of a member or a (In accordance with section 608.408	an authorized representative of a member. 08(3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.)	ū'nc
Cassady V. Brewer		
Typed or pr	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 Compan	y is:			
Ginn-Bulow GP, LLC					_
	e Florida street address of	the registered agent and office are:	•		
<u>C T</u>	Corporation System	The state of the s			µ
		(Name)			
<u>c/o (</u>	CT Corporation System, 1200 S	South Pine Island Road s (P.O. Box NOT ACCEPTABLE)			
	Piorida sirect address	, (1.0. 20.0	Ts.	0	
Plant		FL 33324	ECRE	1 SE	-11
	(City/State/Zip	TARY	P ==	
Havina heen named	as registered agent and to a	accept service of process for the above sta	ted limit	eđ≘	ED
liability company at	the place designated in this	certificate, I hereby accept the appointme	ent <u>cos r</u> eg	zistere	?d
agent and agree to a	ct in this capacity. I further	agree to comply with the provisions of a	गी डॉ क्स्प्रांस्	ខេត	
relating to the prope obligations of my po	r and complete performance sition as registered agent as	e of my duties, and I am familiar with and s provided for in Chapter 608, F.S	: ассері і	ne	
C T Corporation Syste	em				
Canai Bry	(Signature)	rial Asst Secy.			
	\$ 100.00	Filing Fee for Application			

\$ 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 012560183
CONTROL NUMBER : 0141275
DATE INC/AUTH/FILED: 09/12/2001
JURISDICTION : GEORGIA
PRINT DATE : 09/13/2001

FORM NUMBER : 211

MORRIS, MANNING & MARTIN, LLP PENNY FARR 3343 PEACHTREE RD., STE. 1600 ATLANTA, GA 30326

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

GINN-BULOW GP, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Segretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



July Cop

Cathy Cox Secretary of State