

000002119

ACCOUNT NO. :

072100000032

REFERENCE

460876

7194743

AUTHORIZATION

COST LIMIT

\$ 130.00

ORDER DATE: September 6, 2001

ORDER TIME : 10:44 AM

ORDER NO. : 460876-010

CUSTOMER NO:

7194743

500004610885--3

DIVISION OF CORPORATION

PH 12:

CUSTOMER:

Teddy Rammelkamp, Esq

Mr. Teddy Rammelkamp

#4 Dunlap Court

Jacksonville, IL 62650

FOREIGN FILINGS

NAME:

TARPON SPRINGS ASSOCIATES,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:

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

I COMPLIANI	E WELL CECTON
MITEDLIARI	CE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	AT COME ANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	Tannon Com.
	Tarpon Springs Associates, LLC (Name of foreign limited liability company)
Do 7 -	totelgh minited matrify company)
De La	Mare 3. Applied For company is organized) 3. Applied For (FEI number, if applicable)
	company is organized) limited liability (FEI number if applicable)
	y y oxganizació
<u> </u>	(Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to
	(Date of Organization) (Duration: Year limited liability
	exist or "perpetual")
	Sept. 28, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
	(Date first transacted business in Florida, (See sections 608 501, 600 502
601 W	Monage T = 1
OOT M.	Morgan, Jacksonville, Illinois
	(6)
	(Street address of principal office)
f limited li	ability company is a manager-managed company, check here X
	to a manager-managed company, check here [X]
The name a	Old 1151121 hirsings addragage of the many
	nd usual business addresses of the managing members or managers are as follows:
	id R. Hill
601	W. Morgan
	w. morgan
Jack	
	sonville, TT. 62650
Attached ic an	original antiference of the second se
the iurisdiction	original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
translation of	runder the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a he certificate under oath of the translator must be submitted.)
	and the control are translator must be submitted.)
Nature of I	HISTORY OF DUPPOSES to be sendent 1
	pusiness or purposes to be conducted or promoted in Florida: Ownership of \(\sigma\cop\)
	The state of the s
	Signature of a member or an authorized assessment in the state of the
	Digitalize Of a member of an authorized representative of
	an affirmation under the penalties of partiage that the first of this document constitutes
	The order of the penalties of perjury that the facts stated herein are true.)
	Theodore C. Rammelkamp. Jr
	Typed or printed name of single

图主

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 th	e Limited Liability Com	pany is:			
Tarpon Spr	ings Associates.	LLC	·	-	
2. The name and	the Florida street address	of the registe	red agent and office are:		
Corporation Service Company					
		(Name)			
1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE)					
_	Tallahassee	FL (City/State/Zip)	32301		

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 "TARPON SPRINGS ASSOCIATES, 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 SIXTH DAY OF SEPTEMBER, A.D. 2001.

OT SEP 25 PM 1: 19
SECRETARY OF STATE
TALL ANA SSEET FLORIDA



Warriet Smith Windson Harriet Smith Windson, Secretary of State

3433330 8300

010442686

AUTHENTICATION: 1331815

DATE: 09-06-01