

ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: May 20, 2002

ORDER TIME : 3:48 PM

ORDER NO. : 588742-020

CUSTOMER NO: 7157239

CUSTOMER: Ms. Susan Tiller

Wood Partners Llc

Suite 150

1110 Northchase Pkwy Marietta, GA 30067

FOREIGN FILINGS

NAME: ALTA PINES ASSOCIATES, L.L.C.

400005578274--8

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 1114

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| , Alta Pines Associates, L.L | c | ≥ 6 2 |
|---|---|---|
| | (Name of foreign limited liability company) | 52 5 |
| Delaware | 3. Applied for | 72 = |
| (Jurisdiction under the law of which company is organ | r foreign limited liability (FEI nuriced) | mbor, if applicable |
| 5/13/02 | 5. Perpocual | E S 2 |
| (Date of Organization | | red liability company will cease to or "perpetual") |
| Upon Qualification | | |
| (Date first transacte | d business in Florida. (See sections 608.501, 608.50 | 2, and 817.155, F.S.) |
| 1110 Northchase Parkway, | Suire 150 | |
| | | |
| Marietta, GA 30067 | (Street address of principal office) | |
| | (order address of principal office) | |
| If limited liability company is | s a manager-managed company, check here | |
| | | |
| The name and usual business | addresses of the managing members or ma | magers are as follows: |
| | | |
| Wood Alta Pines, L.L.C. | | |
| 1110 Northchase Parkway, | Suite 150 | |
| | 04200 230 | |
| Mariatta, GA 30067 | | - |
| | | |
| | | |
| | | |
| | existence, no more than 90 days old, duly authenticate | , - |
| | tich it is organized. (A photocopy is not acceptable. If | the certificate is in a foreign language, a |
| translation of the certificate under or | ath of the translator must be submitted.) | |
| . Nature of business or purpo | ses to be conducted or promoted in Florida | Any and all business not |
| specifically prohibited to | LLC's, including but not limited to r | eal estate development. |
| Su | oan Hall Diller | |
| | of a member or an authorized representative | |
| | | |
| • | cc with section 608.408(3), F.S., the execution of this doctor under the penalties of perjury that the facts stated herei | cument constitutes |

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 Company is: | | LVETT/ STOJY | 02 MA | |
|---|---|-----------------|-------------|-----|
| <u> 21</u> | ta Pines Associates, L.L.C. | ==== | | |
| 2. | The name and the Florida street address of the registered agent and office are: | SSEE, FLI | 1 PM 2: | LED |
| | Corporation Service Company | TATE ORIDA | 30 | |
| | (Name) | | | |
| 1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE) | | • | | |
| | Tallahassee <u>FL</u> 32301 (City/State/Zip) | - | | |
| | 115 | - | | |

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.

Cynthia A. Havis as its agait

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTA PINES ASSOCIATES, 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-FIRST DAY OF MAY, A.D. 2002.

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

FILED
02 MAY 21 PM 2: 30
SEUNG/ASSEF FLORIDA



Warriet Smith Windson Serretary of State

AUTHENTICATION: 1787996

DATE: 05-21-02

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