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ACCOUNT NO. : 07210000032	
REFERENCE : 599883 4100	-
AUTHORIZATION : Patricia Piguto	SEC J
COST LIMIT : \$ 155.00	FIL JUN -6, CRETARY LAHASSI
ORDER DATE: May 29, 2002	
ORDER TIME : 11:46 AM	3: 43 STATE _ORIDA
ORDER NO. : 599883-035	•
CUSTOMER NO: 41001A	
CUSTOMER: Ms. Deborah E. Walker The St. Joe Company Suite 400, Dupont Center 1650 Prudential Drive Jacksonville, FL 32207	RECEIVA 02 JUN -6 PM PART OF CORPOR LANASSEE, FL
FOREIGN FILINGS	E IO
NAME: PASEOS TITLE, LLC	
XXXX QUALIFICATION (TYPE: <u>LL</u>)	0056948843
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	. 1
XXCERTIFIED COPY	
PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	1. J. 17 100
CONTACT DEDGON. Core to BYEN 1114	1102-17

EXAMINER:



FLORIDA DEPARTMENT OF STATES Katherine Harris Secretary of State

June 6, 2002

SARA LEA CSC

SUBJECT: PASEOS TITLE, LLC Ref. Number: W02000016472

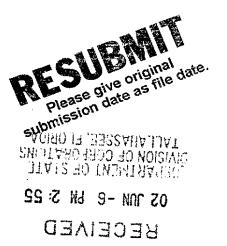
We have received your document for PASEOS TITLE, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

On a Limited Liability Company can only have managers or managing membersone or the other not both.,

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 102A00037312



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:

l. Paseos Ti	itle, LI	'C												
			(1	Name of fo	oreign lin	nite	ed liability co	mpany)					_	
2.Delaware					3	Δ	applied For	-						
(Jurisdiction		law of which		limited lial	oility				ber, if ap	plicable)	Z SE		DS J	
4. May :	31, 200	02			5.	P	erpetual				老 声			
	(Date o	of Organizat	on)				(Duration: Yo		ed liability r "perpetu		y will have	•	76 PH	
6	Upon o	qualific	ation											-
	(Date	first transac	ted busines	ss in Florid	la. (See s	sect	tions 608.501,	, 608.502	2, and 817	.155, F.S	。 三 三	7.5	မ <u>ှာ</u> မှာ	
7. 1650 Pru	dential	Drive Su	ite 400								βn	ri	చ్	
/. <u>1000 114</u>				· · · · · · · · · · · · · · · · · · ·									-	
Jacksonv	ille, F	ь 32207												
				(Street a	ddress o	f p	rincipal office	:)						
O TC1: 1: 1	#* # * # *				1		•		P i					
8. If limited	liability	company	is a man	ager-mai	naged c	on	npany, chec	k here	ا ــا					
9. The name	and war	al basina	addres	sea of the	2 122 0 12 0 /	~i+	ar mambara	or mo	no cora or	o oa fol	loverse			
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10. Attached is	_			-		•			-		_	•		sm
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translation	or the cen	ificate under	oam or me	: translator i	musi de s	SUO	mueu.)							
11. Nature o	of busine	ess or purp	oses to b	e conduc	eted or j	pro	omoted in F	lorida:	<u>title</u>	ins	urance	<u> a</u>	gen	су
for Pa	seos	commun	á dy											
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		. ₩	D											
		Signatu	ce of a mo	ember or	an auth	hoi	rized repres	entativ	e of a me	ember.		-	•	
		~	`				the execution o							
		an affirma	tion under t	the penalties	s of perjur	ry t]	hat the facts sta	ited hereii	n are true.)					
		Lawrence	e Paine											
			T	yped or p	rinted i	na	me of signe	e						

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 Liabil	ity Company is:			
Paseos Title, LLC		_	Za S	₹
2. The name and the Florida street	address of the registere	d agent and office are:	OHETARY O	IIII -6 PM 3: 43
	LAWRENCE PAINS	2	- 프ূ =	ž
	(Name)		STATE ORIDA	<u>သ</u> သ
1	650 PRUDENTIAL DRIVE	SUITE 400		
Florida	street address (P.O. Box No.	OT ACCEPTABLE)	•	
JACKSONV	ILLE FL (City/State/Zip)	32207		-
Having been named as registered a liability company at the place desig registered agent and agree to act in statutes relating to the proper and accept the obligations of my positio (Signature)	nated in this certificate, . this capacity. I further omplete performance of	I hereby accept the appointmen agree to comply with the provi my duties, and I am familiar w	nt as isions of all vith and	

\$ 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 "PASEOS TITLE, 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. 2002.

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



AUTHENTICATION: 1806551

DATE: 05-31-02

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