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CT CORPORATION

| CORPORATION(S) NAME | | |
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| 4) Andorra Holdings, LLC | | 02 JI TALLA |
| | | FILED JN 12 PM ETARY OF HASSEE, J |
| | | F STATE ORIDA |
| () Profit | () A mandra out | |
| () Nonprofit | () Amendment | () Merger |
| (x) Foreign | () Dissolution/Withdrawal () Reinstatement | () Mark |
| () Limited Partnership (x) LLC Registration | () Annual Report () Name Registration () Fictitious Name | () Other () Change of RA () UCC () CUS |
| () Certified Copy | () Photocopies | () CUS |
| () Call When Ready (x) Walk In () Mail Out | () Call If Problem () Will Wait | () After 4:30 (x) Pick Up |
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| Acknowledgement DCC 660 East Jefferson Str 7 Tallahassee, if L 32301 Tel. 850 222 1092 | | |
| Fax 850 222 7615 | 10000001 | <i>「」これ</i> |

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:

| MOIII MANAGER COMMENT | | | • | | |
|--|--|--|---|--|--|
| Andorra Holdings, | . LLC | | | | |
| 1. <u></u> | (Name of foreign | n limited liability company) | | | |
| 2. Delaware | | 3. Applied For (FEI number, if | 5Y | | |
| (Jurisdiction under the lay | w of which foreign limited liability | (FEI number, if | applicable) $\geq \leq$ | | |
| company is organized) | | | JU | | |
| | 130/02 | 5. perpetual (Duration: Year limited liabi | liv company will conse to | | |
| (Date of O | rganization) | exist or "perpetual") | liny company will coase to F | | |
| | | | | | |
| 6. upon qualification | 4 topografied business in Florida (| See sections 608.501, 608.502, and 8 | | | |
| (Date ms | a transacted bilaness in Fibrica (| Manager Suit | 4 PC 38 | | |
| 7. 925 | South teaeral | Highway Suc | 10 110 | | |
| 3000 | Doton II | 33432 | | | |
| <u> Duai</u> | (Street addr | High way Sui- 33432 oss of principal office) | | | |
| | | | • | | |
| 8. If limited liability co | ompany is a manager-manag | ed company, check here 💟 | | | |
| | | | Jows. | | |
| 9. The usual business | addresses of the managing m | iembers or managers are as fol | | | |
| 92 | 5 South Fed | eral Highway 33432 | Suite 175_ | | |
| | | 23 422 | | | |
| Bocc | 2 Raton +1 | 32425 | ···· | | |
| | | | • | | |
| | | | | | |
| | | | | | |
| | | | | | |
| والمشائدة على المراد | | 90 days old, duly authenticated by th | e official having custody of records in | | |
| 10. Attached is an original cartificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the cartificate is in a fireign language, a | | | | | |
| translation of the certificate under certi of the translator must be submitted.) | | | | | |
| HOLLIAN IN THE ACTUAL OF THE PARTY OF THE PA | •••••••••••••••••••••••••••••••••••••• | 15 m 16 | olding Company | | |
| 11. Nature of business | s or purposes to be conducte | d or promoted in Florida: H | Jidiny Contra | | |
| | | | | | |
| | | | | | |
| - | \rightarrow D | | | | |
| | Signature of a member of at | authorized representative of | a member. | | |
| 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 pentury that the racts stated feature are many | | | | | |
| | 10dd D. N | Nassey | | | |
| | Typed or pri | nted name of signer | | | |

FC057 - 11/1/99 CT System Children

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 SECONDARY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF SECONDARY STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF SECONDARY STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF SECONDARY STATEMENT OF SECONDARY STATEM

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..

C T Corporation System

Barlara Burke

habaha a. Burke Special assistant secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



PAGE I

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ANDORRA HOLDINGS, 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 JUNE, A.D. 2002.

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



Warriet Smith Hindson
Harrier Smith Windson, Secretary of State

3531017 8300

AUTHENTICATION: 1815933

020363352

DATE: 06-06-02