Registration Section **Division of Corporations** 409 E. Gaines St. Tallahassee, Fl 32399

## Dear Sir/Madam:

I have enclosed my application, the original LLC documents, my check for a total \$160.00 which includes my filing Fee, designation of Registered agent, Certified Copy and Certicate of status. If they are any questions please call me at 954-663-4536.

Thanks.

200005861622--06/19/02--01049--003 \*\*\*\*160.00 \*\*\*\*160.00

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

IN COMPLIANCE WILL LIMITED LIABILITY CO	TH SECTION 608.503, OMPANY TO TRANSAC	FLORIDA STATUTES, TBUSINESS IN THE S	THE FOLLOWING	S IS SUBMITTED TO	REGISTER A FO	DREIGN
		(Name of foreign limi	ted liability compar	ny)		, · ·
1	he law of which foreig	n limited liability	(FEI	number, if applicable	48	
ÇU	impany is organized)					
4(Date	5-16-02	5	po	petual		
(Date	of Organization)		(Duration: Year li	mited liability comparist or "perpetual")	ny will cease to	
6. <b>h</b>	195 NO	t yet -w.	on Gual	ifation		
(Da	te first transacted busin	ess in Florida. (See sec	tions 608.501, 608	.502, and 817.155, F.	S.)	
7						
3	olo NE	3 p nd Au (Street address of	rincipal office)	Fort Land	7/9/9/	73 6
8. If limited liabili					3550	•
o. Il limitod ildolii	ty company is a ma	mager-managed co	iipany, check ne	re [ ]		
9. The name and u	sual business addre	esses of the managi	ng members or i	managers are as fo	llows:	
				_		
Ken bau	ranov.	3020 NE	Strd AV	e #1125		+
			Fortla	udedalej	-1 3336	<b>Ý</b>
			70: 7 39	aneros, of	7 5500	
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				<u> </u>	<del></del>	· : ::::
the jurisdiction und	er the law of which it is	ce, no more than 90 day organized. (A photocop te translator must be sub	by is not acceptable.	cated by the official hav If the certificate is in a	ing custody of rec foreign language	ords in , a
11. Nature of busin	ness or purposes to	be conducted or pr	omoted in Flori	da:		
h	ome (	2500 web	os, tes	+ investm	ent	<b>9</b> -
	Yio -	مسيولا			1.8E	
	Signature of a r	nember or an autho	rized representa	tive of a member	FΩ	-
	(In accordance with s	section 608.408(3), F.S.,	the execution of this	document constitutes	AHE AHE	TI
	1/	the penalties of perjury t		erein are true.)	ARY (	
			hovic			<u> </u>
	1	Typed or printed na	me or signee		FES PE	
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## 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.

Colonial homes LLC	
2. The name and the Florida street address of the registered agent and office are:	
Ken Gavighovic (Name)	02 J SECR
3 DO NE 32nd AVP. #1125 Florida street address (P.O. Box NOT ACCEPTABLE)	FILED UN 19 P ETARY OF AHASSEE,
Ft Laudords/e FL 33308 (City/State/Zip)	M 12: 09 : STATE FLORIDA

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.

Vila Dan (Signature)

1. The name of the Limited Liability Company is:

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



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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "COLONIAL HOMES, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF MAY, A.D. 2002, AT 9 O'CLOCK A.M.



Darriet Smith Windson

Harriet Smith Windsor, Secretary of State

3526719 8100 AUTHENTICATION: 1785128

020317995 DATE: 05-20-02