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CORPORATION(S) NAME

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W. P. Verliver

FPRO-102, LLC		
		FILED 02 AUG 13 PM 2: 48 SEDRETARY OF STATE TALL AHASSEE, FLORIDA
	() Amendment	() Merger
() Profit () Nonprofit () Foreign	() Dissolution/Withdrawal	() Mark
() Limited Partnership (x) LLC	() Reinstatement () Annual Report () Name Registration	() Other () Change of RA $\stackrel{\square}{\leq}$ $\stackrel{\square}{\sim}$
registration (x) Certified Copy	() Fictitious Name () Photocopies 2	$() UCC \qquad \underbrace{ $
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
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Tallahassee, FL 32301

Tel. 850 222 1092

Fax 850 222 7615

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P.02/04

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:

1 FPRO-102, LLC						
(Name of foreign limited liability company)	02 TAL					
2. DELAWARE 3. APPLIED FOR						
2. DELAWARE (Jurisdiction under the law of which foreign limited liability 3. APPLIED FOR (FEI number, if applicable)						
(Jurisdiction under the law of which foreign inflicte hashing	AR IS					
company is organized)	Ser 3 LE					
5 DECEMBER 31, 2002	13 P ASSEE					
4. July 31 ,2002 (Date of Organization) 5. DECEMBER 31, 2007 (Duration: Year limited liability compa- interval)	any will cease to					
(Date of Organization) (Dilation, 1 cut and 2						
6. UPON QUALIFICATION (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F	<u>.S.)</u>					
(Date first transacted business in Florida. (See sections 606.502, and 611120, 1						
7 48 Ocean Vista, Newport Beach, CA 92660						
(Street address of principal office)	_					
the summer shark here						
8. If limited liability company is a manager-managed company, check here						
9. The usual business addresses of the managing members or managers are as follows:						
9. The usual dusiness addresses of the maninging memory of addresses of the						
P.O. Box 7572, Newport Beach, CA 92658						
	······································					
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official h	aving custody of records in					
10. Anached is an original certificate of causedee, no interest of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fo	reign language, a					
The junistic tion that the law of winds at the organized of the organized by						
translation of the certificate under oath of the translator must be submitted.)						
11. Nature of business or purposes to be conducted or promoted in Florida:						

REAL ESTATE OWNERSHIP AND DEVELOPMENT

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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 perjury that the facts stated herein are true.)

Hannah Ho, Attorney-in-Fact for Sushil K. Garg , Member

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:	SECF	02 A		
FPRO-102, LLC	NHAS	AUG 1	الد –	
2. The name and the Florida street address of the registered agent and office are:	Y OF STAT	\$ PH 2:	ILED	- - -
C T Corporation System		81		. •
(Name)	÷.			
c/o C T Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)			-	:
Plantation FL 33324 City/State/Zip	-		-	

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

DAVIDT. FARBER (Signature) 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)



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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FPRO-102, 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, FILED AS OF THE SECOND DAY OF AUGUST, A.D. 2002.

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



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Varriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1918115

DATE: 08-02-02

TOTAL P.04

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