#### A LIMITED LIABILITY PARTNERSHIP

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Via Federal Express

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 500007941935--9 -09/23/02-01034--008 \*\*\*\*130.00 \*\*\*\*130.00

RE:

Windcrest Capital, LLC

Application by Foreign Limited Liability Company for Authorization

to Transact Business in Florida

Dear Sir/Madam:

Please find enclosed herewith an original and one copy of the above-captioned Application. If the same meets with your approval, please file and enter your filing information on the copy and return to me for my records. Also enclosed is our check in the amount of \$130.00 for payment of Filing Fee, Designation of Registered Agent and Certificate of Status.

If you have any questions prior to filing, please do not hesitate to contact me.

Very truly yours,

Nathalie von Taaffe

/llf

Enclosures

## 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. Windcrest Capit	(Name of foreign limited liability company)	_
2. Georgia	der the law of which foreign limited liability  3. 30-0087386 FEI number, if applicable) S	_
company is organ	inized)	77
4. 06-06-02	5 December 31, 2052 3	三
(I	Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
~ NT/A	To	
5. <u>N/A</u> (	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	ۮ
	Companies, Inc., 348 Enterprise Drive, Valdosta, GA 31601	
7. c/o Ambiing Co	Sompanies, Inc., 546 Enterprise Drive, Valdosia, GA 51001	_ ,
	(Street address of principal office)	_
3. If limited liab	bility company is a manager-managed company, check here 🗷	
) TT 11		
9. The usual bus	isiness addresses of the managing members or managers are as follows:	
348 Enterprise	e Drive, Valdosta, GA 31601	
		_
		_
10 Attached is an o	original cartificate of aviotomes no man than 00 days ald the resident acts the star of in the cartificate of a violation of a	
the jurisdiction unde	original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of a ler the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	records
	ertificate under oath of the translator must be submitted.)	
11 Notive of h	aviginogo en mayoros de la constanta de la con	
ii. Nature of ot	pusiness or purposes to be conducted or promoted in Florida: real estate investment.	<del></del>
	<u> </u>	· .
	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.)	
	Michael H. Godwin, Manager  Typed or printed name of signer	
	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.

Windcrest Capital, LLC		
2. The name and the Florida street	address of the registered agent and office are:	2 SEP 23 SEURLTAR ALLAHAS
C T Corporation System	n	SEE SEE
	(Name)	H 1: (
c/o C T Corporation Sy	stem, 1200 South Pine Island Road	SE SI
Florida s	street address (P.O. Box NOT ACCEPTABLE)	<del></del>
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.

CT Corporation System	morris	DALE W. MORRIS ASSISTANT VICE PRESIDENT
	mature)	 -

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)

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0229558
DATE INC/AUTH/FILED: 06/07/2002
JURISDICTION : GEORGIA
PRINT DATE : 09/15/2002

FORM NUMBER : 211

COLEMAN, TALLEY, NEWBERN, KURRIE, PRESTON AND HOLLA NATHALIE VON TAAFFE P.O. BOX 5437 VALDOSTA, GA 61603



### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

WINDCREST CAPITAL, LLC SEORGIA LIMITED LIABILITY COMPA

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20020915234411484



Cathy Cox Secretary of State