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(Re	equestor's Name)		
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Certified Copies	_ Certificates	of Status	
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CT CORPORATION

October 31, 2002

Secretary of State, Florida 409 East Gaines Street N/A Tallahassee FL 32399



Re: Order #: 5712988 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Skywater-Orlando LLC (MD)

Registration

Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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:

SKYWATER-ORLANDO LLC	*	P-147	- G 6
1)	vame of foreign limited	liability company)	蒙古 图
MARYLAND	3.	52-2183210	
urisdiction under the law of which foreign l impany is organized)	imited liability	52-2183210 (PEI number, if appl	ompany will cease to
October 28, 2002	5, PE	RPETUAL	
(Date of Organization)	(<u>)</u>	Duration: Year limited liability of ist or "perpetual")	ompany will cease to P
Will commence business in Florida upon re	ceipt/approval of applic	ation	7
(Date first transacted busines	s in Florida. (See section	ns 608.501, 608.502, and 8171	55, F.S.)
One R.E. Michel Drive			
Glen Burnie, Maryland 21060-6495			
	(Street address of prin	cipal office)	
eman into a shi a shi.		- To the first	
f limited liability company is a mana	ager-managed comp	any, check here [x]	
The usual business addresses of the r	managing members	or managers are as follows	:
One R.E. Michel Drive			
			
Glen Burnie, Maryland 21060-6495			
			
			
Attached is an original certificate of existence,	, no more than 90 days of	d, duly authenticated by the offic	ial having custody of rec
iurisdiction under the law of which it is organiz	` - ~ ~	•	a forcign language, a
slation of the certificate under eath of the transl	lator must be submitted.)		
Nation of Locality of the second		and in Clause, to directly	or indirectly acquire.
Nature of business or purposes to be	conducted or profit	loted in Liolida: To differily	as sometimes and madestars
own, develop, sell and otherwise deal with re	eai property		
11/1/10	11 0	<u> </u>	
How H	H Mosks		
		ed representative of a men	
		execution of this document constitu the facts stated heroin are true.)	ites
	Manager of Sole Member		
TOTAL PER LIL PRODUCT,	-raimeer of cole intelline	יון טאן אפוני, בבכ	

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 i	s:
SKYWATER - ORLANDO LLC	
2. The name and the Florida street address of the	registered agent and office are:
C T Corporation System	
(N:	ame)
c/o C T Corporation System, 1200 Sour	h 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.

CT Corporation System

Source W. Selever That Sury

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

S 5.00 Certificate of Status (optional)

STATE OF MARYLAND Department of Assessments and Taxation



I, PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT SKYWATER-ORLANDO LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 28, 2002.

Paul B. Anderson Charter Division

Fal B. Under



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 0002127014
MRS (Maryland Relay Service) (800) 735-2258 TT/Volce
Fax (410) 333-7097