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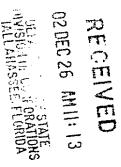
(Requestor's Name)
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#### **CT** CORPORATION

December 26, 2002

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



Re: Order #: 5714946 WO

Customer Reference 1: None Customer Reference 2: None

Dear Secretary of State, Florida:

Please file the attached:

South Shore, LLC (GA) 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,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff\_Netherton@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 I IMITED I LABITATIVA COMPANY TO TRANSACT BY INTERES IN THE STATE OF ET OPINA

1. South Shore, LLC	
·	(Name of foreign limited liability company)
g. Georgia	
(Jurisdiction under th	he law of which foreign limited liability (FEI number, if applicable)
company is organized	
. October 25, 2002	5 Perpetual SS N
(Date	of Organization) (Duration: Year limited liability company will cease to
(- #	exist or "perpetual")
Will transact busine	ess upon qualification
	e first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
	A CONTRACTOR OF THE CONTRACTOR
7. 3200 Windy Hill Re	oad, Suite 1500, West Tower
4.1	2220
Atlanta, Georgia 30	(Street address of principal office)
	(Street address of principal office)
R If limited liability	ty company is a manager-managed company, check here
. If immed hading	y company is a manager-managed company, check here
The usual busine	ess addresses of the managing members or managers are as follows:
. The asaar sasare	but the second of the managing members of managers are as follows.
WH Smith Airport	t Partners, Inc., 3200 Windy Hill Road, Suite 1500, West Tower, Atlanta, Georgia 30339
Newburns Manage	ement Group, L.L.C., 1726 Lakeshore Drive, New Orleans, Louisiana 70122
	nal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
~	e law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
ranslation of the certific	ate under oath of the translator must be submitted.)
	A series of the
<ol> <li>Nature of busin</li> </ol>	ness or purposes to be conducted or promoted in Florida: Airport cocessions
	_
	~ [1] w. [m] [1] [1] [1]
	NOTIFIED A POPULATION OF THE P
	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.)
	X Winston Burns, Member Newburns Management
	Typed or printed name of signee Control UC, member
	C 1 Chara IIC
FL057 - 11/1/99 C T System Online	Down's Saving

## 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:	
	South Shore, LLC	
2.	The name and the Florida street address of the registered agent and office are:	
	CT Corporation System	7
	(Name)	
	1200 S. Pine Island Rd.	•
	Florida street address (P.O. Box NOT ACCEPTABLE)	• .
	Plantation 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..

(Signature)
Connie Bryan, Special Asst. Secy.

\$ 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 : 0253973 DATE INC/AUTH/FILED: 10/25/2002 CONTROL NUMBER JURISDICTION : GEORGIA PRINT DATE : 12/17/2002 FORM NUMBER

: 211

HUNTON & WILLIAMS MARGARET C. OSBORNE 600 PEACHTREE STREET, NE, SUITE 4100 ATLANTA, GA 30308-2216

#### CERTIFICATE OF EXISTENCE

State of Georgia, do hereby certify I, Cathy Cox, the Secretary of under the seal of my office drint date

is in compliance with the applicable filing and annu of Title 14 of the Official Code of Georgia Annotated egistration provisions

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

This certificate relates only to the legal exister as of the print date above. It does not certify intent to dissolve, an application for withdrawal, of winding up or any other similar document has be corretary of State. ence of the above-named entity fy whether or not a notice of 1, a statement of commencement been filed or is pending with

This information is issued and certified 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.

20021217210718280



Cathy Cox Secretary of State