# M0300000710

(Re	questor's Name)			
(Add	dress)	<u>.</u>		
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(City	//State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of St	atus		
Special Instructions to F	iling Officer;			
Nam <b>e</b> Avaliabilit <b>y</b>				
Document Examiner	Dud			
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Acknowledgement	DUC			
W. P. Verifyer	Dicc			



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03/03/03--01026--031 \*\*35.00

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March 3, 2003

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

Re: Order #: 5762707 SO

Customer Reference 1: FPRO-121, LLC

Customer Reference 2: Webster

Dear Secretary of State, Florida:

Please file the attached:

FPRO-121, LLC (DE)

Registration Florida

Please return a good standing certificate and a certified copy along with regular evidence.

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

Page 1 of 1

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

IN LI	I COMPLIANCE WITH SECTION 608.50B, FLORIDA STATUTES, THE FOLLOWING IS SÜBMITTED TO REGISTER A FOR MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ŒGN	
1.	FPRO-121, LLC		
	(Name of foreign limited liability company)		
2.	DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4.	JANUARY 7, 2003  (Date of Organization)  5. 12/31/2049  (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	UPON REGISTRATION		
٠.	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	•	
7.	13909 WEDDINGTON STREET, SHERMAN OAKS, CA 91401	03 MAR -3	
	(Street address of principal office)	20 1	
8.	If limited liability company is a manager-managed company, check here	P.	FILED
9.	The name and usual business addresses of the managing members or managers are as follows:	2: 00	
	STEPHEN A. SCHNEIDER		٠
	13909 WEDDINGTON STREET, SHERMAN OAKS, CA 91401	·	- <u>-</u>
	<u> </u>	- :	5.1
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording function under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a 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		
	Miserden		
	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.)		
	STEPHEN A. SCHNEIDER, 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.

FPRO-121, LLC	
2. The name and the Florida street address of the registered agent and office are:	03 MAR SEURLI
C T Corporation System	E A
(Name)	TARY OF
c/o C T Corporation System, 1200 South Pine Island Road	FF ST
Florida street address (P.O. Box NOT ACCEPTABLE)	H 2: 00 F STAL FLORIDA
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 Chriporation System TARA COFER
ASSISTANT SECRETARY
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

DECR 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FPRO-121, 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, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2003.

03 MAR -3 PM 2: 00



Warriet Smith Windson Secretary of Store

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2191739

DATE: 01-08-03