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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 05-08-03

NAME: PROVIDENCE PLACE MANAGEMENT, LLC

TYPE OF FILING: FOREIGN LIMITED LIABILITY COMPANY APPLICATION

COST: 160.00

RETURN: GOOD STANDING CERTIFICATE

**CERTIFIED COPY** 

ACCOUNT: CAOOOOO

AUTHORIZATION: ABBIE/PAUL HODGE

### 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.	Providence Place Management LLC (Name of foreign limited liability company)								
2.	Georgia (Jurisdiction under the law of which foreign limited liability company is organized)  3. Applied For (FEI number, if applicable)								
4.	(Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")								
6.	Upon Filing (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)								
7.	235 Peachtree Street, North Tower, Suite 1200								
Atlanta, Georgia, 30303 (Street address of principal office)									
8.	8. If limited liability company is a manager-managed company, check here x								
9.	9. The name and usual business addresses of the managing members or managers are as follows:								
	Brencor Providence Place LLC								
	235 Peachtree Street, North Tower, Suite 1200								
	Atlanta, Georgia, 30303								
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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 eath of the translator must be submitted.)								
11	. Nature of business or purposes to be conducted or promoted in Florida: General Partner of								
	Limited Partnership								
	Robert & Crowds								
	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.)								
	Robert A. Crowder								

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 Com	party is:			
Providence Pla	ice Management LLC			<del></del>	<u> </u>
2. The name an	nd the Florida street address	s of the register	ed agent and office are:		
	BLC Corporate S	ervices of Cer	atral Florida, Inc.		
	Bac corporate s	(Name)	1101144,1110		•
		Orange Ave., S Idress (P.O. Box N	Suite 1100 N <b>OT</b> ACCEPTABLE)	- SECULIARS	03 K * Y - B
	Orlando	FL (City/State/Zip)	32801		PH
Having haan na	med as registered agent and	to accent sems	ice of process for the abo	Die stated limited	2:43
liability company registered agent statutes relating accept the oblig	med as registered agent and any at the place designated in and agree to act in this cap to the proper and complete ations of my position as regorporate Services of (	this certificate, pacity. I further performance o pistered agent as	. I hereby accept the app r agree to comply with th of my duties, and I am fan on provided for in Chapter	ointment as se provisions of all niliar with and	<i>l</i>

Filing Fee for Application
Designation of Registered Agent

**Certified Copy (optional)** 

Certificate of Status (optional)

(Signature)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00

#### Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 031270049
CONTROL NUMBER : 0324252
DATE INC/AUTH/FILED: 05/06/2003
JURISDICTION : GEORGIA
PRINT DATE : 05/07/2003
FORM NUMBER : 211

DAVID F. LEON, P.A. 390 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801.

#### 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

#### PROVIDENCE PLACE MANAGEMENT LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 abovenamed entity as of the date issued. 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 certificate is issued pursuant to 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.



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Cathy Cox Secretary of State