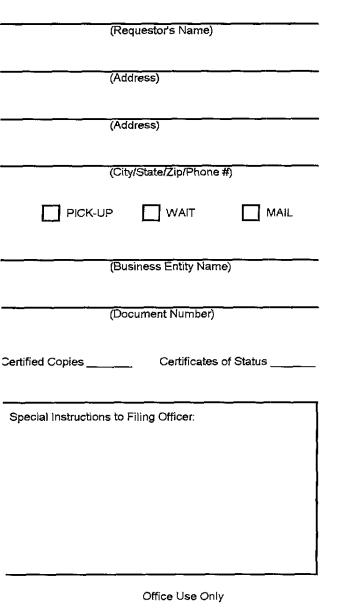
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ACCOUNT NUMBER: FCA00000005
** REFERENCE: 1787597-16 (Sub Account)
DATE: $\frac{5/21}{}$
REQUESTOR HAME: Lexis Document Services
ADDRESS:
TELEPHONE: () () oxt ()
CONTACT NAME:
CORPORATION HAVE: USA Court Village 16, LLC
DOCUMENT NUMBER:
CERTIFIED COPY (1-9) (2 Sets, please) CERTIFICATE OF STATUS (1-9) (2 CUS, please) PLATIN STAMPED COPY
CERTIFIED COPY (1-9) (2 CUS, please) CERTIFICATE OF STATUS (1-9) (2 CUS, please) PLAIN STAMPED COPY
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TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: USA Court Village 16, LLC (Name of foreign limited liability company) 2 Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual May 5, 2003 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) immediately upon acceptance of this Application for Authority (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 701 East Byrd Street, 15th Floor, Richmond, Virginia 23219 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: VSF/REF Family Trust, P.O. Box 219, 943 Hayne Road, Hillsborough, California 94010 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: real estate transaction

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZ

Lara D. Coleman, Authorized Representative of Member
Typed or printed name of signee

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.)

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:	
USA Court Village 16, LLC	_
2. The name and the Florida street address of the registered agent and office are:	
LexisNexis Document Solutions Inc.	
(Name)	
3953 W. W. Kelley Road	
Florida street address (P.O. Box <u>NQT</u> ACCEPTABLE)	
Tallahassee, Florida _{FL} 32311	
(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,

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USA COURT VILLAGE 16, 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 SIXTH DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USA COURT VILLAGE 16, LLC" WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Darriet Smith Windson Socretory of Socre

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2400966

DATE: 05-06-03