

**MD3000002373**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H03000234826 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

RECEIVED  
03 JUL 16 AM 9:51  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
03 JUL 16 PM 4:57  
DIVISION OF CORPORATION

**FOREIGN LIMITED LIABILITY COMPANY**

**Cascades of Ocala, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

DB  
7-17-03

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. CASCADES OF OCALA, LLC  
(Name of foreign limited liability company)

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 7/16/03  
(Date of Organization)

5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. purpose is limited solely to  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 1950 Lee Road, Suite 425, Winter Park, Florida  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The usual business addresses of the managing members or managers are as follows:

1950 Lee Road, Suite 425, Winter Park, Florida

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: purpose is limited solely to (A) owning, holding, selling, leasing, transferring, exchanging, operating and managing the premises located at: 1515 E. Silver Springs Boulevard, Ocala, Florida 34470, (B) entering into a Note and Mortgage Assumption Agreement with Wells Fargo Bank of Minnesota, N.A., as Trustee for the Holders of Salomon Brothers Mortgage Securities VII, Inc., (C) refinancing the Mortgage Premises in connection with a permitted repayment  
Signature of a member or an authorized representative of a member.  
of that certain loan in (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.)  
the principal sum of \$4,000,000.00, held by the Sancha K. Brennan  
Trust, and (D) transacting  
any and all lawful business for which a Borrower may be organized under (its constitutive law) that is incident, necessary and appropriate to accomplish the foregoing.

03 JUN 16 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

CASCADES OF OCALA, LLC

2. The name and the Florida street address of the registered agent and office are:

Sancha K. Brennan

(Name)

201 E. Pine Street, Suite 425

Florida street address (P.O. Box NOT ACCEPTABLE)

Orlando

FL 32801

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.*

ET Corporation System

  
(Signature)

Sancha K Brennan

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

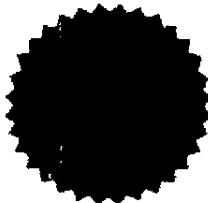
FILED  
 03 JUL 16 AM 9:51  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASCADES OF OCALA, 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 SIXTEENTH DAY OF JULY, A.D. 2003.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3682165 8300

AUTHENTICATION: 2530547

030465634

DATE: 07-16-03

TOTAL P.04