08/22/2003 11:55

8506683398

FLORIDA FILING

PAGE 01

NO 300000860 Page 1 ft

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.

(((H03000259393 4)))

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 : FLORIDA FILING & SEARCH SERVICES

Account Number: 120000000189

Phone: (850)668-4318

Fax Number: (850)668-3398

03 AUG 22 PM 1: 20
JIVISION OF COMPURATION

FOREIGN LIMITED LIABILITY COMPANY

CROW RIVER RANCH, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Buch

08/22/2003 11:55

8506683398

08/21/2003 ps:36

8004323622

FLORIDA FILING

PAGE 02

CAPITOL SERVICES

PAGE 02/04

403000259393

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

LAIVE	COMPLIANCE WITH	H SECTION MPANYTO	V 608.503, FLOR TRANSACT BU	RUM STATUTES, SINESS IN THE S	TATE OF FLOR	TDA:) IO RECEDIÇÃO M	, JECKENCHY
1	ساوحات	LVER	Rover (Name	ne of foreign lim	ited liability con	прапу)		~_
2 . (1	Mont A furisdiction under the	ne law of wi	hich foreign lim ganized)	3. ited liability	(1	PEI number, if appli	icable)	,
4.	B 18 0°	of Organiz	ation)	5.	(Duration: Ye	er limited liability of exist of "perpetual"	ompony will cease	to
6.	A S	e list trus	noted business in	n Florida. (See so	ctions 608.501,	60\$,502, and 817.15	55, F.S.)	
7.	712	Paux	-E.170	Aue			<u> </u>	
•	M&	Boun	is F	3 2. Street address of	902 principal office	,	· .	DS NUG 27
8.	If limited liabili	ty compar	ıy is a manag	er-managed co	ompany, chec	k here		
9.	The name and u	sual busir	ess addresse:	s of the manag	ing members	or managers are	as follows:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	STEVEN	Maria	יודי עב	2m Pamine	ETTO AUE	Maria	IUM NIE FR	32901
	C. Pauce	i_mcs	ENLLE			#	**	
	75.45 C	ika to wa	<u>ሥ ድኒው</u>	MAT TA	r. tr		• 4	
	And the second s							
	WELDY	<u>L.</u>	Paren	3305	•	BEL MAN	W. Mitte	somme fr
10.	Wazwoy Attached is an origin	L . mail contifices carine lauvo	Parage cofesistence, no fwhich it is orga	omore then 90 de nited. (A photoe	nys old, duly auth opy is not accept	enticated by the office	ial having custody o	32404 Siconsin
	Matter of Y Attached is an originate jurisdiction und annelation of the ce	L cartificate und	e of existence, no f which it is organ for control the tra	o more than 90 di nitred. (A photoe nalator must be se	nys old, duly authopy is not accept abmitted.)	enticated by the offic	ial having custody o	32404 Siconsin
	Attached is an originate jurisdiction and translation of the contract of busing the contract of business th	L cartificate und	Pares. E of existence, in I which it is orga- for only of the tra rposes to be of	o more than 90 di nitred. (A photoe nalator must be se	nys old, duly authopy is not accept abmitted.)	enticated by the offic while, If the certificate	ial having custody o	32404 Siconsin
	Attached is an originate jurisdiction and translation of the contract of busing the contract of business th	L critical certifical certific law or minimate unid	presentence, no fwhich it is organ for ordinal the transfer or posses to be of the control of t	omore then 90 denized. (A photoconsistor must be su	ays old, duly such opy is not accept ibmillied.)	enticated by the officeble. If the certificate lorida:	ial having custody of is in a foreign language l	32404 Siconsin
	Attached is an originate jurisdiction and translation of the contract of busing the contract of business th	L	e of existence, in f which it is organ for costs of the transcriptors to be of the costs of a fine manager with section	o more than 90 de nited. (A photos selator must be se conducted or public per over author of selator (A photos selator must be selator (A photos selator must be selator (A photos selator (A ph	ays old, duly suff- opy is not accept abmitted.) organisted in F orized represe the execution of	enticated by the offic while, If the certificate	ial having custody of is in a foreign language in the second in the seco	32404 Siconsin
	Attached is an originate jurisdiction and translation of the contract of busing the contract of business th	L	e of existence, in f which it is organ for outh of the transposes to be of the transposes to grant of a fine meaning with sectionation under the particle of the transpose of th	omore then 90 de nized. (A photoe neletor must be su conducted or popular of porjury malties of porjury	ays old dely sufficient accept the mitted.) orized represe, the execution of that the facts state	enticated by the office while. If the certificate lorida:	ial having custody of is in a foreign language in the second in the seco	32404 Siconsin

H03,000,259393

08/22/2003 11:55

8506683398

08/21/2003 0g:35

8004323622

FLORIDA FILING CAPITOL SERVICES

PAGE 03

PAGE 03/04

H03000259393

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:
Chow RIVER RANKY L. C.
2. The name and the Florida street address of the registered agent and office are:
STEVEN J. Mones J (Name)
Plorida street address (P.O. Box NOT ACCEPTABLE)
ME-BOYANE FL 32RO! (City/State/Zip)
Having been named as registered agent and to accept service of process for the above stated limited liability company at the placed 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 relaying to the proper and complete performance of my duties, and I am familiar with and accept the oldigations of my position as registered agent as provided for in Chapter 608, F.S. (Signature)
\$ 100.00 Filing Fee for Application 5 25.00 Designation of Registered Accept

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Hn 2000259393

SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

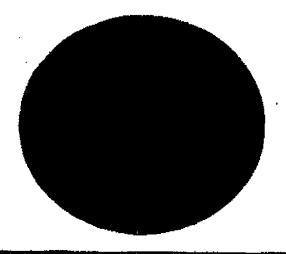
I, Bob Brown, Secretary of State of the State of Montana, do hereby certify that

CROW RIVER RANCH, L.C.

Duly filed its Articles of Organization in this office on 08/19/2003, and on that date was created a limited liability company.

I further certify that all taxes, fees and penalties owed to this state have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this August 20, 2003.

Bol Brown

BOB BROWN Secretary of State

Certified File Number: C-125944

H03000259393