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To:

Division of Corporations

From:

A P	Account Name Account Number Phone Fax Number	: C T CORPORATION : FCA000000023 : (850)222-1092 : (850)222-9428	system	ARY OF STATE
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Corporate Filings

Public Access visits



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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

٠	(Name of foreign lim	nited liability company)
	Consider 2	Anutical Pro-
`{	Junediction under the law of which foreign limited liability	Applied For (FEI number, if applicable)
	company is organized)	•
		Perpetual
	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
	Upon Qualification	
	(Date first transacted business in Florida (See se	ections 608.501, 608.502, and 817.155, F.S.)
	100 Atlanta Technology Center, Suite 200, 1575 Northside De	ive, N.W., Atlanta, Georgia 30318
	(Street address of	principal office)
		·
	If limited liability company is a manager-managed co	ompany, check here
	The name and usual business addresses of the manag	ing members of managers are as follows:
	100 Atlanta Technology Center, Suite 200, 1575 Northside Da	rive, N.W., Atlanta, Georgia 30318
		7 s
	•	
		55
	Attack of the Control	
٠	Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A phot	lays old, duly authenticated by the official having custody of rec
	translation of the certificate under oath of the translation	propy is included placed at the certificate is in a injerigh large at must be submitted.)
•	. Nature of business or purposes to be conducted or pr	romoted in Florida: Any and all lawful businesses
	not problinited to limited lightline communication and the land of	the state of Manida including her are West to
-	not prohibited to limited liability companies under the laws of	the state of Linites incidend parties for the first of the state
	Stat Va main	***
		prized representative of a member.
	promise of a titoliteat or any harmer	
	(in accordance with section 608,408(3), F.S.,	the execution of this document constitutes
	(in accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury Stephen D. Broom	the execution of this document constitutes 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.

The marks	styles, LLC	ddress of the resist	ered agent and office are:	
. The name	MAN CIV I IVIION SHOELD	nations of the registr	mon agont and outles are.	
		C T Corporation Sys	st čin i	
		(Name)	<u> </u>	
1		ration System, 1200 Se		SECR
	Florida s	reet address (F.O. Box	NOT ACCEPTABLE)	HER
	Plantation,	FL	33324	SZEE
		(City/State/Zip)		
ability compe egistered age auutes relatir	any at the place designa ent and agree to act in th ng to the proper and con igations of my position o	ted in this certificat his capacity. I furthe hplete performance as registered agent o	vice of process for the above e, I hereby accept the appoin er agree to comply with the p of my duties, and I am famil is provided for in Chapter 6	riment as provisions of all lar with and
^	CT Corporation System	1 Ast Secretary		
sy: Cox	onie Bryan Species			

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

5.00

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0364244
DATE INC/AUTH/FILED: 11/20/2003
JURISDICTION : GEORGIA
PRINT DATE : 12/09/2003

FORM NUMBER : 211

MORRIS, MANNING & MARTIN
VALERIE L. DIAMOND
1600 ATLANTA FINANCIAL, 3343 PEACHTREE ROAD
ATLANTA, GA 30326

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of the State of Georgia, do hereby certify under the seal of my office that de of the above brint date

SUNCOAST LAFE STYLES, LLC GEORGIA CIMITED LINSILITY CONTA

is in compliance with the applicable filing and dinual registration provisions of Title 14 of the Official Code of Georgia Annotated ()

Said entity was formed in the jurisdiction stated above or was authorized to transact business in secretary of the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of Shate.

This certificate relates only to the teget existence of the above-named entity as of the print date above. It does not carried 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 was been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronical Records and Signatures Act and 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.

20031209205213324



Cathy Cox Secretary of State