

FEB-05-2004 THU 12:02 PM

FAX NO.

P. 01

Division of Corporations

Page 1 of 1

M04000000506

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.**

((H04000026379 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 : BROAD AND CASSEL (ORLANDO)  
Account Number : 119980000090  
Phone : (407)839-4200  
Fax Number : (407)839-4264

**FOREIGN LIMITED LIABILITY COMPANY**

**MADISON ST. PETE CONDOS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing

Public Access Help

JB  
2-5-04

H04000026379 3

**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. MADISON ST. PETE CONDOS, LLC  
(Name of foreign limited liability company)
2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-0626272  
(FEI number, if applicable)
4. JULY 28, 2003  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1950 SUMMIT PARK DRIVE, SUITE 300, ORLANDO, FL 32810

(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:

MADISON ST. PETE II, INC.

1950 SUMMIT PARK DRIVE, SUITE 300, ORLANDO, FL 32810

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 HOLDING COMPANY

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.)

Samuel C. Stephens, III, Executive Vice President

Typed or printed name of signee

Madison St. Pete II, Inc.  
Managing Member

H04000026379 3

H04000026379 3

**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:

MADISON ST. PETE CONDOS, LLC

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC

(Name)

390 NORTH ORANGE AVE., SUITE 1100

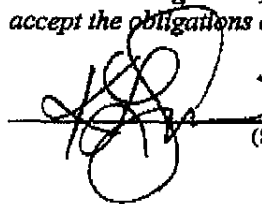
Florida street address (P.O. Box **NOT** ACCEPTABLE)

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.*



Kristi L. Sullivan, Vice President  
(Signature)

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

H04000026379 3

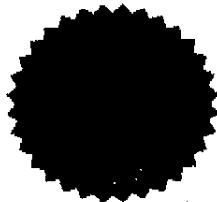
H04000026379 3

PAGE 1

# Delaware

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MADISON ST. PETE CONDOS, 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 FOURTH DAY OF FEBRUARY, A.D. 2004.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3686517 8300

AUTHENTICATION: 2911914

040078790

DATE: 02-04-04

H04000026379 3