# M04000001585

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duning and Entitle March)				
(Business Entity Name)				
(Document Number)				
(2004) Trainings,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400030202664

U4/26/U4 - U1U21 --- UU7 \*\*125.UU

SKONDALI VI SURVINIA SE HICK 92 Not the second of the seco

PH 3: 69 Mar. A Ale.

4200

### **CT** CORPORATION SYSTEM

660 East Jefferson Street
Tallahassee, FL 3230**April 26, 2004**Tel. 850 222 1092
Fax 850 222 7615

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 6088658 SO

Customer Reference 1: 8960 Customer Reference 2: 24798

Dear Secretary of State, Florida:

Please file the attached:

Ginn-Parkers Island GP, LLC (GA) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff\_Netherton@cch-lis.com 4 Nob 26 PH 3: 163

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

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

4. 4/14/1999 (Date of Organization)  6. Upon Qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 215 Celebration Place, Suite 200  Celebration, FL 34747  (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 manager Edward R. Ginn, III	
(Jurisdiction under the law of which foreign limited liability company is organized)  4. 4/14/1999  (Date of Organization)  (Duration: Year limited lie exist or "perpetual (D	
(Date of Organization)  (Duration: Year limited lizexist or "per fexist or "per f	if applicable)
(Date first transacted business in Florida. (See sections 608.501, 608.502, an 215 Celebration Place, Suite 200  Celebration, FL 34747  (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 manager  Edward R. Ginn, III	ability company will cease to rpetual")
Celebration, FL 34747  (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 manage  Edward R. Ginn, III	1 817.155, F.S.)
9. The name and usual business addresses of the managing members or manage Edward R. Ginn, III	
Edward R. Ginn, III	
OAC Calabastica Diaxa Colla 000	ers are as follows:
215 Celebration Place, Suite 200 Celebration, FL 34747	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the or 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: _ar	y and all lawful
business not specifically prohibited to profit LLC's under the laws of t	ne state of Florida
Caroly V. By	
Signature of a member or an authorized representative of (In accordance with section 608.408(3), F.S., the execution of this documen an affirmation under the penalties of perjury that the facts stated herein are Cassady V. Brewer, Esq.	t constitutes

Typed or printed name of signee

## 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:	
Ginn-Parke	ers Island GP LLC		
2. The name	and the Florida street ad	dress of the registered agent and offic	e are:
	CT Corporation S	ystem	
		(Name)	
	1200 South Pine	sland Rd	
	Florida str	eet address (P.O. Box NOT ACCEPTABLE)	<del></del>
	Plantation,	FL 33324	14 12 25 14 12 12 12 12 12 12 12 12 12 12 12 12 12
		(City/State/Zip)	
liability comp registered ago statutes relati	oany at the place designat ent and agree to act in th ing to the proper and con	nt and to accept service of process for the din this certificate, I hereby accept the is capacity. I further agree to comply with the plete performance of my duties, and I will be registered agent as provided for in C	the above stated limited the appointment as with the provisions of all am familiar with and
Com	(Signature)		
	\$ 1	00.00 Filing Fee for Application	

\$ 25.00 \$ 30.00

\$ 5.00

**Designation of Registered Agent** 

Certificate of Status (optional)

**Certified Copy (optional)** 

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : K915562
DATE INC/AUTH/FILED: 04/14/1999
JURISDICTION : GEORGIA
PRINT DATE : 04/23/2004
FORM NUMBER : 211

MORRIS, MANNING & MARTIN
PENNY FARR
1600 ATLANTA FINANCIAL, 3343 PEACHTREE ROAD
ATLANTA, GA 30326

#### CERTIFICATE OF EXISTENCE

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

GEORGIA TRILED WIRELLIEV COMP

is in compliance with the appricable filing and annual registration provisions of Title 14 of the Official Computation of Titl

Said entity was formed in the jurisdiction attated above or was authorized to transact business in Georgia on the labove Babo and has hot filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Settetary of Sath.

This certificate telates of to the eq. existance of the above-named entity as of the print date above. It does not cirtify 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 has been filed or is pending with the Secretary of State

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic 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.

20040423154823941



Cathy Cox Secretary of State