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2004 JUL r2 P 2: 46 SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ☐ WAIT (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status _ Special Instructions to Filing Officer:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

HUNTON & WILLIAMS LLP 1111 BRICKELL AVENUE SUITE 2500 MIAMI, FLORIDA 33131-1802

TEL 305 • 810 • 2500 FAX 305 • 810 • 2460

ARLENE M. RASILE DIRECT DIAL: 305-536-2675 EMAIL: arasile@hunton.com

FILE NO: 61602.29

July 1, 2004

Via Federal Express

Secretary of State 409 E. Gaines Street Tallahassee, Florida 32314

RE:

Authorization to do Business within the State of Florida ACP/Alinari, LLC and ACP/Alinari Sarasota, LLC

Dear Sir or Madam:

With respect to the two above referenced limited liability companies, enclosed please find a Transmittal Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, the Certificate of Designation of Registered Agent/Registered Office and the original certificates of Existence from the Secretary of State of Delaware. Also enclosed, please find two checks in the amount of \$130.00 which sum represents the filing fee, designation of Registered Agent and a certified copy for each entity.

Should you need anything further in order to complete the filing of the applications, please contact direct me at 305-536-2675; via e-mail arasile@hunton.com or via direct fax 305-810-1650.

Thank you.

Sincerely

Arlene M. Rasile Real Estate Paralegal

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encs.

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: ACP/Alinari, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Arlene M. Rasile	
(Na	me of Person)
Hunton & Williams LLP	
(Fir	m/Company)
1111 Brickell Avenue, Suite 2500	
	(Address)
Miami, Florida 33131	
(City/Sta	ate and Zip Code)
For further information concerning this matter, ple	ase call:
Arlene M. Rasile	at (305) 536-2675
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee		□ \$155.00	Filing Fee &	☐ \$160.00 Filing Fee, Certificate
	Certificate of St	atus	Certified Copy	of Status & Certified Copy

FILED

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

ACP/Alinari, LLC	·
(Name of Foreig	gn Limited Liability Company)
Delaware	3. applied for
(Jurisdiction under the law of which foreign limite company is organized)	ed liability (FEI number, if applicable)
June 25, 2004	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
July 1, 2004	
(Date first transacted by	usiness in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability)
444 Brickell Avenue, Suite 900	
Miami, Florida 33131	
, ,	reet Address of Principal Office)
If limited liability company is a manager. The name and usual business addresses	<u>. </u>
If limited liability company is a manager	r-managed company, check here 🔽
If limited liability company is a manager. The name and usual business addresses of ACP/Alinari Sarasota, LLC	r-managed company, check here 🔽
If limited liability company is a manager. The name and usual business addresses of ACP/Alinari Sarasota, LLC 444 Brickell Avenue, Suite 900 Miami, Florida 33131 D. Attached is an original certificate of existence, not e jurisdiction under the law of which it is organized anslation of the certificate under each of the translator	of the managing members or managers are as follows: more than 90 days old, duly authenticated by the official having custody of records (A photocopy is not acceptable. If the certificate is in a foreign language, a rmust be submitted.)
If limited liability company is a manager. The name and usual business addresses of ACP/Alinari Sarasota, LLC 444 Brickell Avenue, Suite 900 Miami, Florida 33131 D. Attached is an original certificate of existence, not e jurisdiction under the law of which it is organized anslation of the certificate under oath of the translator	of the managing members or managers are as follows: more than 90 days old, duly authenticated by the official having custody of records (A photocopy is not acceptable. If the certificate is in a foreign language, a
If limited liability company is a manager. The name and usual business addresses of ACP/Alinari Sarasota, LLC 444 Brickell Avenue, Suite 900 Miami, Florida 33131 D. Attached is an original certificate of existence, nor e jurisdiction under the law of which it is organized anslation of the certificate under oath of the translator. I. Nature of business or purposes to be constant.	of the managing members or managers are as follows: more than 90 days old, duly authenticated by the official having custody of records (A photocopy is not acceptable. If the certificate is in a foreign language, a rmust be submitted.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT OF STATITO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF SSEE, FLORID FLORIDA.

FLORIDA.
1. The name of the Limited Liability Company is:
ACP/Alinan, LLC
2. The name and the Florida street address of the registered agent and office are:
Stuart K. Hoffman, Esq.
(Name)
1111 Brickell Avenue, Suite 2500
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Miami FI 33131
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, Florida Statutes.
boligations of the population as registered agent as provided for the Chapter 600, I fortune statutes.
(Signature)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ACP/ALINARI, 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACP/ALINARI,"
LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3201027

_DATE: 06-28-04

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