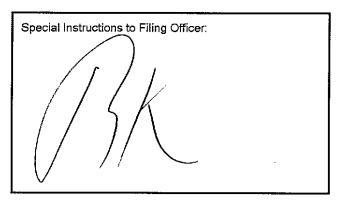
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| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Dogument Number)                       |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| ,                                       |  |  |  |  |  |
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Office Use Only



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#### CT CORPORATION

October 20, 2004

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



Re:

Order #: 6216611 SO

Customer Reference 1: Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Ginn Ocean Towers, LLC (GA) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

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

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie\_Bryan@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

# ANCHOLOGIAN AND STATE OF THE PARTY OF THE PA

#### TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations              | Alger Control of the |  |
|--|---|--|
| 2  |   |  |
| SUBJECT: Ginn Ocean Towers, LLC                                |   |  |
| (Name of Limite  | d Liability Company)  |  |
|  | lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited  |  |
| Please return all correspondence concerning this mat           | ter to the following:   |  |
| Penny Farr   |   |  |
| (Name  | e of Person)  |  |
| Morris Manning & Martin, LLC                                   |   |  |
| (Firm  | (Company)   |  |
|  |   |  |
| 3343 Peachtree Road, Ste 1600                                  |   |  |
| (A   | ddress)   |  |
|  |   |  |
| Atlanta, Georgia 30326   |   |  |
| (City/State  | and Zip Code)   |  |
| For further information concerning this matter, please         | e call:   |  |
| Penny Farr   | at (404 ) 504-5468  |  |
| (Name of Person)   | at (404 ) 504-5468<br>(Area Code & Daytime Telephone Number)  |  |
| (x tames of x orosin)  | (Area code de Dayame Telephone Hamber)  |  |
| STREET ADDRESS:  | MAILING ADDRESS:  |  |
| Registration Section   | Registration Section  |  |
| Division of Corporations                                       | Division of Corporations  |  |
| 409 E. Gaines Street   | P.O. Box 6327   |  |
| Tallahassee, Florida 32399                                     | Tallahassee, Florida 32314  |  |
| Enclosed is a check for the following amount:                  |   |  |
| \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Sta | ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy   |  |

ACCEPTED A 2.55

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION 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:

| 1  | Ginn Ocean Towers, LLC (Name of Foreign Limited Liability Company)  |  |  |  |  |  |
|----|---|--|--|--|--|--|
| 2. | Georgia  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20-1750044  (FEI number, if applicable)   |  |  |  |  |  |
| 4. | October 6, 2004  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")  |  |  |  |  |  |
| 6. | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)   |  |  |  |  |  |
| 7. | 215 Celebration Place, Ste 200  |  |  |  |  |  |
|    | Celebration, FL 34747   |  |  |  |  |  |
|    | (Street Address of Principal Office)  |  |  |  |  |  |
| 8. | If limited liability company is a manager-managed company, check here 🔽   |  |  |  |  |  |
| 9. | 9. The name and usual business addresses of the managing members or managers are as follows:  |  |  |  |  |  |
|    | Edward R. Ginn, III   |  |  |  |  |  |
|    | 215 Celebration Place, Suite 200  |  |  |  |  |  |
|    | Celebration, FŁ 34747   |  |  |  |  |  |
| th | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nslation of the certificate under oath of the translator must be submitted.) |  |  |  |  |  |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: any and all lawful   |  |  |  |  |  |
|    | business not specifically prohibited to profit LLC's under the laws of the state of Florida   |  |  |  |  |  |
|    | - Denne Dan   |  |  |  |  |  |
|    | 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)  |  |  |  |  |  |
|    | Penny J. Farr   |  |  |  |  |  |

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 nam                                      | ne of the Limited Liability Co  | ompany is:   |   |
|---|---|--|---|
| Ginn Ocean                                      | Towers, LLC   |  |   |
| 2. The nam                                      | ne and the Florida street addre   | ess of the registered agent and office   | ce are:   |
|   | CT Corporation System   |  |   |
|   |   | (Name)   |   |
|   | 1200 South Pine Island R  | oad ,  |   |
|   | Florida Street  | Address (P.O. Box NOT ACCEPTABLE)  |   |
|   | Plantation  | FL 33324   |   |
|   |   | City/State/Zip   |   |
| liability com<br>agent and ag<br>relating to th | ppany at the place designated in gree to act in this capacity. If the proper and complete perfort of my position as registered as | nd to accept service of process for the in this certificate, I hereby accept the further agree to comply with the promance of my duties, and I am familizent as provided for in Chapter 608, BRYAN ASSISTANT SECRETARY | e appointment as registered<br>visions of all statutes<br>iar with and accept the |

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

### **Secretary of State**

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0460188
DATE INC/AUTH/FILED: 10/06/2004
JURISDICTION : GEORGIA
PRINT DATE : 10/19/2004
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 print date

GEORGIA LIMITED LIABILITY COMPAN

is in compliance with the applicable filing and annual 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 Georgia of the labove date and has libt filed articles of dissolution, certificate of Cancellation or my other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify 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.

20041019152312614



Cathy Cox Secretary of State