# M0400005402

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
13/K				





300042226983

12/08/04--01036--014 \*\*125.00 12/08/04--01036--015 \*\*30.00





#### **CT** CORPORATION

December 8, 2004

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



Re:

Order #: 6251634 SO

Customer Reference 1:

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Ginn-LA Fund IV Charleston PP Bridgeside, LLC (GA) Registration Florida

Ginn-LA Fund IV Charleston PP Bridgeside, LLC (GA) Obtain Document - Misc - Certified Copy as Evidence of Filing 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,

Stephanie Sanders
Fulfillment Specialist
Stephanie\_Sanders@cch-lis.com

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

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

TRANSACT BUSINESS IN FLORIDA					
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STA					
1. Ginn-LA Fund IV Charleston PP Bridgeside, LLC	ATE OF FLORIDA:				
(Name of Foreign Limited Liab	ility Company)				
2. Georgia 3.	Applied For				
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)				
4. December 2, 2004 5. I	Perpetual				
(Date of Organization)	(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 F.S. to o	a, if prior to registration.) determine penalty liability)				
7. 215 Celebration Place, Suite 200, Celebration, Florida 34747					
(Street Address of P	ringinal Office				
(Silver Address of t	Timospas Office)				
8. If limited liability company is a manager-managed cor	mpany, check here 🕱				
O. The name and usual hyginess addresses of the manusci-	and manufacture on the same and a second facility.				
9. The name and usual business addresses of the managin	ing members of managers are as follows:				
Edward R. Ginn, III - 215 Celebration Place, Suite 200, Celebra	ation, Florida 34747				
10. Attached is an original certificate of existence, no more than 90 days the jurisdiction under the law of which it is organized. (A photocopy is r translation of the certificate under eath of the translator must be submitted.	not acceptable. If the certificate is in a foreign language, a				
11. Nature of business or purposes to be conducted or pro	omoted in Florida: Any and all lawful business not				
specifically prohibited to limited liability companies under the law	ws of the State of Florida, including but not limited to real				
estate development.	R. Diamond				
Signature of a member or an author					
(In accordance with section 608.408(3), F.S., tl	he execution of this document constitutes				
an affirmation under the penalties of perjury the Valerie L. Diamond	nat the facts stated herein are true.)				

Typed or printed name of signee

FL057 - 08/03/04 C T System Online

## 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 Lin	nited Liability Compar	ny is:		
Ginn-LA Fund IV Cha	leston PP Bridgeside, LLC	2		
2. The name and the Fl	orida street address of	the registered	agent and office are:	·
	стс	Corporation System	· -	
		(Name)		
	1200 Sc	outh Pine Island Ro	oad	
	Florida Street Addre	ss (P.O. Box <u>NO</u>	[ACCEPTABLE)	
	Plantation	FL	33324	
		City/State/Zip		
Having been named as reliability company at the agent and agree to act in relating to the proper an obligations of my position CT Co	place designated in this this capacity. I furthe d complete performand n as registered agent a rporation System	s certificate, I he er agree to comp ce of my duties, d as provided for it	ereby accept the appoi ly with the provisions and I am familiar with n Chapter 608, Florid	intment as register of all statutes a 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 DOCKET NUMBER : 043370810
CONTROL NUMBER : 0469687
DATE INC/AUTH/FILED: 12/02/2004
JURISDICTION : GEORGIA
PRINT DATE : 12/02/2004

FORM NUMBER : 211

MORRIS, MANNING & MARTIN VALERIE L. DIAMOND 3343 PEACHTREE RD, NE, STE 1600 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

## GINN-LA FUND IV CHARLESTON PP BRIDGESIDE, LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. 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 certificate is issued pursuant to 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.



Cathy Cox

Secretary of State