Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : I20000000093
Phone : (850)222-1092
Fax Number : (850)222-8222

FOREIGN LIMITED LIABILITY COMPANY

Additional Development Company, LLC

Certificate of Status:	0
Certified Copy:	0
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FAX Audit #: H00000244847Z

https://efile.sunbiz.org/scripts/efilcovr.exe 12/1/2000

[illegible] LIMITED LIABILITY COMPANY (FOR A DELAWARE LLC)
[illegible]

[illegible]

1. [illegible]
(Name of newly formed limited liability company)

2. DELAWARE
(The exact name of the limited liability company as set forth in its certificate of formation)

3. [illegible]
(Effective date, if applicable)

4. [illegible]
(If applicable)

5. [illegible]
(Check one box if applicable)

6. [illegible]
(Check one box if applicable)

7. [illegible]

[illegible]
(Street address, City, State, Zip)

8. [illegible]

9. [illegible]

[illegible]

10. [illegible]

[illegible]

[illegible]

[illegible]

11. [illegible]

[illegible]

[illegible]
(Signature of an authorized person)

[illegible]
(Type or print name of person signing)

[illegible]

[CERTIFICATE OF DESIGNATION OF]
[REGISTERED AGENT/REGISTERED OFFICE]

[PURSUANT TO PROVISIONS OF SECTION 608.411 and 605.0211, FLORIDA STATUTES, THE]
[UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT]
[TO DESIGNATE ITS REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF]
[FLORIDA.]

[1.] The name of the Limited Liability Company is:

[SAMPLE DEVELOPMENT COMPANY, LLC]

[2.] The name and the Florida street address of the registered agent and office is:

[C T Corporation System]
[Name]

[1200 South Pine Island Road]
[Plantation, Florida 33324 (DADE COUNTY)]

[Plantation, FL 33324]
[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.]

[C T Corporation System]

[By: _____]
[(Signature)]

[$130.00] [Filing Fee & Application]
[$ 10.00] [Designation & Registered Agent]
[$ 0.00] [Certified Copy (optional)]
[$ 5.00] [Certificate of Status (optional)]

[CR2E031 (Tallahassee)]

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FALLSTON DEVELOPMENT COMPANY, 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 TENTH DAY OF DECEMBER, A.D. 2004.

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3559007

DATE: 12-[illegible]-04