Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050000003543)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Z Account Number : FCA000000023

moer: FCAV

: (850)222-1092

Phone

H Fax Number

: (850)222-9428

is audit

H050000003573

This is aifile 15th.

E VEN 3 PMI2 3 CURPO

FOISINI

FOREIGN LIMITED LIABILITY COMPANY

Benton Perdido Towers GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Conporate Filled

Public Access Holps

MOS-22

Blackrepie Filipa Menu

PLOD - MINERAL C TRIMMA (Hybra

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

Bestina Perdido Town	es GP, LLC	hed Liability Company)	
	(Literal At Literally Dec		
Deliconor		3. Applied For	
comband is order projection (see projection)	law of which foreign limited liable		
December 30, 2004		5. Perpenal	
(Date of	(Organization)	(Demilion: Year limited Hability company will care sailst or "perpetual")	4 10
	(See sections 608.50) & 609.50	in Florida, if prior to requiredica.) 2 F.S. to determine permity liability)	
36132 Emzrald Coast	Paricusy, Suite 1, Derth, Plorida	32541	
	- —	,	
	() () () () () () () ()	imes of Frincipal Office)	
John P. Shoiwa, Jr.,	36132 Emerald Couse Paricway, Sc	nite 1, Doetin, Florida 32541	
			S
). Attached is an original	entifente efecktoer, no muse fu	n 90 days old, duly authoriscent by the official busing custody.	of Egon
). Attached is an original clurishion under the	entifente efecktoer, no muse fu	n 90 days old, duly authoriscent i by the official busing custody, irropy la not receptable. If the certificate is in a firetyn languag	of Egon
). Attached is an original c)urlation work to b milation of the continua	centificate of existence, no muse the avoid which it is expended. (A plan a worder cents of the templates must be	n 90 days old, duly authorisement by the official having custody, recepy lands acceptable. If the conditions is in a strong language suitement)	or Bon
). Attached is an original portation under the least took of the least took of the cartification of the cartificat	centificate of existence, no muse the avoid which it is expended. (A plan a worder cents of the templates must be	n90 depod duly astronomic by the official busing custody, recept language astronomic as facigu language astronomic of promoted in Florida: Any language of promoted in Florida:	OF TARY
). Attached is an original c)urbalicion under the l mulation, of the continua	centificate of existence, no muse the avoid which it is expended. (A plan a worder cents of the templates must be	n90 daysold duly authoricent by the official having cantody, incopy land acceptable. If the certificate is in a first in larguage submitted) and promoted in Florida: Any lawful purpose	TARY O
). Attached is an original portation under the least took of the least took of the cartification of the cartificat	centificate of existence, no muse the avoid which it is expended. (A plan a worder cents of the templates must be	n90 depold, duly authorisent by the official busing custody, recept input acceptable. If the certificate is in a fluctual imputing a state of promoted in Florida: Any invited purpose	PETARY OF S
). Attached is an original portation under the least took of the least took of the cartification of the cartificat	centificate of existence, no muse the avoid which it is expended. (A plan a worder cents of the templates must be	n90 depold, duly authorisent by the official busing custody, recept input acceptable. If the certificate is in a fluctual imputing a state of promoted in Florida: Any invited purpose	PETARY OF S
O. Attached is an original c)urbaildion woder to be substice, of the continue	confidence of columns, no must be southerned to be conducted as or purposes to be conducted as or purposes.	n 90 days old duly authorisemed by the official busing cantody, incopy is not acceptable. If the cardiffusic is in a fineign larguage authorised.) ed or promoted in Florida: Any issued purpose a suthorized purpose of a member.	TARY O
). Attached is an original c)urlation work to b milation of the continua	confidence of columns, no must be southerned to be conducted as or purposes to be conducted as or purposes.	a 90 days old duly authorized by the official having cantody, incopy is not acceptable. If the certificate is in a flaving large against of a promoted in Florida: Any is while purpose a sufficiency is a sufficient of a member.	PETARY OF S

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.

l. The pame of the Lir	mited Liability Comp	oany is:			
Beaton Perdido Towers GP LLC					
. The name and the F	lorida street address	of the registered ag	ent and office are:		
	CI	Corporation System	_	_	
		(Name)		-	
	1200	South Pine Island Roa	d		
	Florida Street Add	iress (P.O. Box NOT	ACCEPTABLE)	_	
	Plantation	मि	33324		
		City/Stata/Zip		_	
aving been named as i	registered agent and t	e de la companya de La companya de la co	process for the above s	rated limited	
ibility company at the yent and agree to act i lating to the proper a	place designated in to in this capacity. I furt nd complete performa	to accept service of this certificate, I here her agree to comply noe of my duties, an	sby accept the appoints with the provisions of ad I am familiar with a	ment as registered all statutes nd accept the	
ability company at the gent and agree to act i lating to the proper a filigations of my position	place designated in to in this capacity. I furt nd complete performa	to accept service of this certificate, I here her agree to comply noe of my duties, an	sby accept the appoints with the provisions of ad I am familiar with a	ment as registered Tall statutes and accept the Statutes. TALE 005	
ability company at the gent and agree to act is lating to the proper as illigations of my position. CT Co	place designated in this capacity. I furt in this capacity. I furt and complete performa on as registered agent asporttion System	to accept service of this certificate, I here her agree to comply noe of my duties, an	sby accept the appoints with the provisions of ad I am familiar with a	ment as registered Tall statutes and accept the Statutes. TALE 005	
ability company at the gent and agree to act is lating to the proper as biligations of my position CTC at Carry.	place designated in this capacity. I further the complete performation as registered agent apportation System (Igneture)	to accept service of this certificate, I here her agree to comply noe of my duties, an	sby accept the appoints with the provisions of ad I am familiar with a	ment as registered 2005 JAN 3 AM accept the Statutes TALLAHASSEE, FI	
y Tale	place designated in this capacity. I further the complete performation as registered agent apportation System (Igneture)	to accept service of this certificate, I here her agree to complying of my duties, and as provided for in the left E. Jones stant Secretary Filing Fee for Ag	aby accept the appoint with the provisions of ad I am familiar with a Chapter 608, Florida ! pplication legistered Agent	ment as registered 2005 JAN 3 AH Call statutes and accept the Statutes. TALLAHASSEE, F	

elaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BENTON PERDIDO TOWERS GP. 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 THIRTIETH DAY OF DECEMBER, A.D. 2004

Harriet Smith Windson, Secretary of State
AUTHENTICATION: 3588146

DATE: 12-30-04