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| PICK-UP | WAIT MAIL | |
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ACCOUNT NO. : 072100000032

REFERENCE : 243820

128671A

AUTHORIZATION

COST LIMIT

ORDER DATE: March 7, 2005

ORDER TIME : 8:44 AM

ORDER NO. : 243820-005

CUSTOMER NO: 128671A

CUSTOMER: Ms. Mireya Koger

Levine & Partners, P.a.

7th Floor

1110 Brickell Avenue Miami, FL 33131

FOREIGN FILINGS

NAME: VP OF FT. MYERS I, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY ____ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER: _____

| , | |
|-----------------------------|--|
| • | , |
| • | |
| • | |
| | |
| • | |
| | |
| ADDITION I | by foreign limited liability company for authorization to |
| MI LICATION | TRANSACT BUSINESS IN FLORIDA |
| | Ship 🔑 😉 |
| COMPLIANCE WITH | SECTION 608503, FLORIDA STATUTES, THE POLICIPING IS SUBMITTED TO REGISTER A DOREKING. |
| MTEDLUBILITYCOMI | PANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA: |
| VP C | OF FT. MYERS I, LLC |
| | (Name of Foreign Limited Liability Company) |
| n - 1 | |
| Delawar | te 3, applied for law of which foreign limited liability (FBI number, if applicable) |
| company is organized) | 184 Of Attent toloifu squared timent. |
| 2/17/05 | and the second s |
| | (Organization) (Ouration: Year limited liability company will cease to exist or "perpetual") |
| , | exist or "perpetual") |
| anticipat | ced date: 6/1/05 |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine populty liability) |
| | |
| 32 | 250 Mary Street, Suite 306 |
| | |
| Mi | iami, Florida 33133 (Street Address of Principal Office) |
| | (Diton transpos serven - Ostran) |
| If limited liability | company is a manager-managed company, check here KA |
| | P. 11 |
| The name and usu | el business addresses of the managing members or managers are as follows: |
| Pa | ul C. Steinfurth |
| | |
| 32 | 250 Mary Street, Suite 306 |
| | |
| Mi | ami, Florida 33133 |
| | |
| | certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in |
| | aw of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a |
| nslation of the certificati | curxier ceth of the translator must be submitted.) |
| Nictions of business | an an annual to be combined or annual in Planting real estate |
| . Nature of busines | ss or purposes to be conducted or promoted in Florida: |
| holdings | |
| | |
| | <u> </u> |
| | Signature of a member or an authorized representative of a member. |
| | (In apportance with specifier 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.) |
| | Paul C. Steinfurth |
| | Typed or printed name of signee |
| | That as benned source or referred |

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.

| 2. The name an | d the Florida street address of the registered agent and office are: | |
|----------------|---|--|
| | Carol Ogden | |
| | Styles Holdings II, Inc. 3250 Mary Street, Suite 306 Miami, Florida 33133 | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| | · Pī. | |
| | 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.

Carol Ogden

\$ 100.00 Filing Fee for Application

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (options!)

\$ 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 "VP OF FT. MYERS I, 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-SECOND DAY OF FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VP OF FT. MYERS I, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2005.

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

3928047 8300

050133569

Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3695482

DATE: 02-22-05