

**M05000001768**

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Division of Corporations  
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TALLAHASSEE, FLORIDA

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**FOREIGN LIMITED LIABILITY COMPANY**

**ARBOR GROVE INVESTMENTS, LLC**

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DIVISION OF CORPORATION

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

STATE OF FLORIDA

IN COMPLIANCE WITH SECTION 608.38, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ARBOR GROVE INVESTMENTS, LLC (Name of foreign limited liability company)

2. OREGON (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. MARCH 05, 2004 (Date of Organization) 5. PERPETUAL (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, and #17.135, F.S.))

7. 6277 SW ARBOR GROVE DR CORVALLIS, OR 97333 (Street address of principal office)

8. If limited liability company is a manager-managed company, check here [X]

9. The name and usual business addresses of the managing members or managers are as follows: MANAGER: DON E HALE 6277 SW ARBOR GROVE DR CORVALLIS, OR 97333

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation 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 LAWFUL PURPOSE

\* [Signature] 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.)

DON E HALE Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

APR 5 8:03  
STATE OF FLORIDA

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 Limited Liability Company is:

ARBOR GROVE INVESTMENTS, LLC

2. The name and the Florida street address of the registered agent and office are:

A1A REGISTERED AGENT INC.

(Name)

92 SADBERRY ROAD

Florida street address (P.O. Box ~~NOT ACCEPTABLE~~)

QUINCY FL 32351

(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, F.S.*

Paul Smith

(Signature)

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CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**ARBOR GROVE INVESTMENTS, LLC**

was

organized

under the Oregon

Limited Liability Company Act

on

March 5, 2004

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

**BILL BRADBURY**, Secretary of State



By

*Debra L. Virag*

Debra L. Virag

April 1, 2005

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