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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LS Polk County, LLC			
(Name of Lim	ited Liability Company)		
	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign limited		
Please return all correspondence concerning this m	natter to the following:		
Anna-Karina Dragolich			
(Na	me of Person) The property of		
Brennan, Manna & Diamond, LLC	SS CO		
(Fir	m/Company)		
75 East Market Street	1. 53 1. 680 1. 53		
	(Address)		
Alman, Okio 44200			
Akron, Ohio 44308	ota and Tin Coda)		
(City/St	ate and Zip Code)		
For further information concerning this matter, ple	ase call:		
Anna-Karina Dragolich	at (330 253-5060, Ext. 151		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
409 E. Gaines Street	P.O. Box 6327		
Tallahassee, Florida 32399	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
■ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of Forei	gn Limited Liabil	ity Company)		
Nevada		3.	20-2610624		
	law of which foreign limit		(FEI nu	mber, if applicable)
March 29, 2005			erpetual		10 10 10 10 10 10 10 10 10 10 10 10 10 1
(Date o	of Organization)		(Duration: Year limit exist or "perpetual")	ed liability compar	vill cease to
This entity has	not yet transacted bu	siness in Flor	ida.		1 b
	(Date first transacted by (See sections 608.501 &	608.502 F.S. to d	etermine penalty liab	nility)	第 3
159 S. Main Street	Suite 1100				PH 1: 53
Akron, Ohio 44308					RION O
	(Str	reet Address of Pr	rincipal Office)		-
500 CMC 11 C 45	O.C. Main Ctrant Cuita E	:00 Akron Obje	44209		
500-SMC, LLC, 15	59 S. Main Street, Suite 5	00, Akron, Ohio	44308		
. Attached is an original jurisdiction under the	69 S. Main Street, Suite 5 al certificate of existence, non allow of which it is organized. the under oath of the translator	nore than 90 days (A photocopy is r	old, duly authenticated not acceptable. If the o		
Attached is an original purisdiction under the instation of the certification.	ll certificate of existence, no n law of which it is organized.	nore than 90 days (A photocopy is r must be submitte	old, duly authenticated tot acceptable. If the o	ertificate is in a fore	
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Attached is an original purisdiction under the instation of the certification. Nature of business	al certificate of existence, no relaw of which it is organized. It under oath of the translator ess or purposes to be contained as the contained of the translator. Signature of a memb	nore than 90 days (A photocopy is remust be submitted onducted or producted or prod	old, duly authenticated not acceptable. If the coll.) omoted in Florida rized representative the execution of this documents.	ertificate is in a fore	

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 Limited Liability Company is:

LS Polk County, LLC	
2. The name and th	ne Florida street address of the registered agent and office are:
BM	MD Florida Service, LLC
	(Name)
76	S. Laura Street, Suite 1700
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Jac	cksonville FL 32202
	City/State/Zip

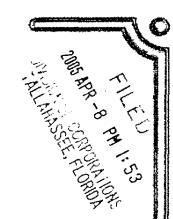
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

The F. Martin, Vice Bendant

\$ 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





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, LS POLK COUNTY, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 29, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 30, 2005.

DEAN HELLER Secretary of State

Ву

Certification Clerk