

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone

: (407)418-2435

Fax Number

: (407)420-5909

FOREIGN LIMITED LIABILITY COMPANY

CBD Parking Manager LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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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:

1. CBD Parking Manager LLC	<u> </u>
(Name of foreign limited liability company)	
Delaware (Jurisdiction under the law of which foreign limited)	3. Applied For (FEI number, if applicable)
liability company is organized)	
4. <u>April 11, 2005</u>	5. December 31, 2064
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Authorization	
(Date first transacted business in Florida, (See	sections 608.501, 608.502, and 817.155, F.S.
7. c/o Capital Partners, Inc., One Independent Center	er Drive, Suite 114
Jacksonville, Florida 32202	20
(Street address of	principle office)
8. If limited liability company is a manger-managed con	mpany, check here \(\begin{array}{cccccccccccccccccccccccccccccccccccc
 The name and usual business addresses of the managing JAX-ISQ LLC 	
c/o Capital Partners, Inc.	
One Independent Center Drive, Suite 114_	
Jacksonville, Florida 32202	
	nore than 90 days old, duly authenticated by the official the law of which it is organized. (A photocopy is not tage, a translation of the certificate under oath of the
11. Nature of business or purposes to be conducted or finance, develop, lease, sell, exchange and otherwise hist	promoted in Florida: <u>Acquire, hold, operate, manage,</u>

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 projury that the facts stated herein are true.)

Russell P Hintze
Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTER 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 Limited Liability Company is:

CBD Parking Manager LLC

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

NRAI Services, Inc. (Name)

2731 Executive Park Drive, Suite 4
Plorida street address (P.O. Box NOT ACCEPTABLE)

Westin, FL 33331 (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.

(Signature)

\$100.00 Filing Fos for Application
\$ 25.00 Dosignation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

APR. 19. 2005 6:04PM H050000971243' 1 GREENBERG TRAURIG

Delaware The First State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CBD PARKING MANAGER 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 ELEVENTH DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CBD PARKING MANAGER LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2005.

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



Harriet Smith Windson, Secretary of State
AUTHENTICATION: 3803398

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DATE: 04-11050000971243