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CT CORPORATION SYSTM

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Division of Corporations

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## FOREIGN LIMITED LIABILITY COMPANY

## Cordoba Manager, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

TRANSACT BUSINESS IN FLORIDA

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•							
(Date fire (See section	t transacted business in Fi na 608,501 & 608,502 F.S	cride, if pr	ior to regist use parality	ration.) liability)			•
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## 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.

	of the registered a F Corporation System (Name)	gent and office are:		
e:	F Corporation System	gent and office are:		
		·		
1200	•			
	South Pine Island Ros			
Florida Street Ad	dress (P.O. Box <u>NOT</u>	ACCEPTABLE)	<del></del>	
Plentation	FL	33324		
	City/State/Zip			
pany at the place designated in t gree to act in this capacity. I fion he proper and complete performa	his certificate, I her ther agree to comply unce of my duties, at	eby accept the appoi y with the provisions nd I am familiar with	ntment as reg. of all standes and accept th	iste <del>re</del> d
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\$ 100.00 \$ 25.00 \$ 30.00	Designation of I	Registered Agent		~ ;
	n named as registered agent and spany at the place designated in the proper and complete performant my position as registered agent of my position as registered agent of the proper and complete performant my position as registered agent of the properties of the pr	City/State/Zip  In named as registered agent and to accept service of pany at the place designated in this certificate, I her gree to act in this capacity. I florther agree to comply be proper and complete performance of my duties, and my position as registered agent as provided for in  CT Corporation System  (Signature)  (Signature)	City/Sute/Zip  Composition as the agent and to accept service of process for the above paying at the place designated in this certificate, I hereby accept the appointment to act in this capacity. I fiorther agree to comply with the provisions are proper and complete performance of my duties, and I am familiar with of my position as registered agent as provided for in Chapter 608, Florida City Composition System  City Super City City City City City City City City	City/State/Zip  Composition of this capacity. I forther agree to comply with the provisions of all statutes are proper and complete performance of my duties, and I am familiar with and accept the provision as registered agent as provided for in Chapter 608, Florida Statutes.  City Composition System  City Composition

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CT CORPORATION SYSTM

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STRIP OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "CORDORA MANAGER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL SKISTENCE SO WAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THENTY-SECOND DAY OF APRIL, A.D. 2005.

3957949 8300 050325361



Warriet Smith Hindra

hirles Smith Windler, Secretary of State AUTHENTICATION: 3829187

DATE: 04-22-05