### Florida Department of State

Division of Corporations Public Access System

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FOREIGN LIMITED LIABILITY COMPANY

FOREIGN LIMITED LIABILITY COMPANY

#### 5225 Florida LLC

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

IN COMPLIANCE WITH SECTION BORSOS, FLORIDA STATUTES, THE FOLLOWING IS SLIEMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 5225 Florida LLC (Name of Foreign Limited Liability Company) 2. New York 3. Applied for (Purisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Perpettial (Duration: Year imited liability company will cease to exist or "perpetual") Date of Organization) d Upon filing of this application (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1 S. Washington Street, Suite 200, Rochester, New York, 14614 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here \_\_\_\_\_\_ 9. The name and usual business addresses of the managing members or managers are as follows: Central Florida Development LLC, 1 S. Washington Sweet, Suite 200, Rochester, New York, 14614 Attriched 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 cath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Hold title to real property Signature of a member or an authorized representative of a member. (In accordance with section 602.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the fuers stated herein are true.) Bath R. Cross, Authorized Person

Typed or printed name of signee

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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.

1. The name of the Lin 5225 Florida LLC	oited Liability Compa	my us:		
2. The name and the F.	lorida street address o	f the registered a	gent and office ar	re:
	CT	Corporation System		<del></del> į
-		(Name)		ZODS MAY SECRETA
	1200 S	South Pine Island Ro	nd	
· <del></del>	Florida Street Addr	ess (P.O. Box. <u>NOT</u>	ACCEPTABLE)	SEE Y -3
	Plantation	FL.	33324	
		City/State/Zip		
By:	place designated in th n this capacity. I furth id complete pérformai	is certificate, I he er agree to comp ace of my duties, a	reby accept the ap by with the provision and I am familian v	pointment as registered ons of all statutes with and accept the

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

# State of New York Department of State

I hereby certify, that 5225 FLORIDA LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/29/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 29th day of April two thousand and five.

Secretary of State

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