

M0500000 2735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

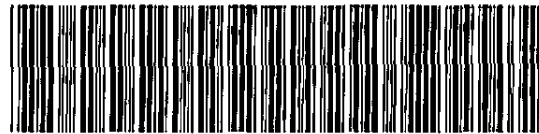
(Document Number)

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RECEIVED  
05 MAY 20 PM 4:44  
STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
05 MAY 20 AM 8:46  
TALLAHASSEE, FLORIDA  
STATE

CT CORPORATION

May 20, 2005

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

FILED  
05 MAY 20 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6369350 SO  
Customer Reference 1: 8105-48673  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Ginn Slip Three, LLC (GA)  
Registration  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Stephanie Sanders  
Fulfillment Specialist  
Stephanie\_Sanders@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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

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

1. Ginn Slip Three, LLC  
(Name of Foreign Limited Liability Company)
2. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 83-0429682  
(FEI number, if applicable)
4. 4/15/05  
(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, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 215 Celebration Place, Ste. 200  
Celebration, FL 34747  
(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:
- Robert F. Masters  
215 Celebration Place, Suite 200  
Celebration, FL 34747
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 and all lawful  
business not specifically prohibited to profit LLC's under the laws of the state of Florida

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05 MAY 20 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Penny J. Farr  
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.)

Penny J. Farr

Typed or printed name of signee

**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:

Ginn Slip Three, LLC

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

CT Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

FL 33324

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 in Chapter 608, Florida Statutes.*

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

*Connie Bryan*

(Signature)

\$ 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**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 051050295  
CONTROL NUMBER : 0524403  
DATE INC/AUTH/FILED: 04/15/2005  
JURISDICTION : GEORGIA  
PRINT DATE : 04/15/2005  
FORM NUMBER : 211

MORRIS MANNING & MARTIN  
IRENA SHEPPARD  
3343 PEACHTREE RD., #1600  
ATLANTA, GA 30326

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**GINN SLIP THREE, LLC**  
**A GEORGIA LIMITED LIABILITY COMPANY**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.





Cathy Cox  
Secretary of State