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SECREMAN OF STATE FLORIDA

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FILED

TRANSMITTAL LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Winter Coleman, L.L.C. (Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Josh Mandell	
(Name of Person)	
Summit America, L.L.C.	SECRETALL AHAS
(Firm/Company)	31 PX
105 Tallapoosa, Street, Suite 300	<u> </u>
(Address)	STATE
Montgomery, AL 36104	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Josh Mandell at (334) 954-4458
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

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. Winter Colema	(Name of Foreign Limited	l Lia	ability Company)		
2. Alabama	(3.			
	der the law of which foreign limited liability nnized)		(FEI number, if applicable)		
4. April 19, 1999	Date of Organization)	5.	Perpetual (Duration: Year limited liability company will ceas	- 40	
(ı	Sate of Organization)		exist or "perpetual")	e to	
6. N/A					
	(Date first transacted business in I (See sections 608.501 & 608.502 F.	Flori .S. to	da, if prior to registration.) o determine penalty liability)		
7. 105 Tallapoos	sa Street, Suite 300				
Montgomery,				95	
	(Street Addres	ss of	Principal Office)	7	
8. If limited lial	bility company is a manager-manage	d c	ompany, check here 🗹	05 MAY 31	~
9. The name an	d usual business addresses of the ma	nag	ing members or managers are as follows:	2	Ĩ
Summit Ame	rica, L.L.C.		ORID	 	
105 Tallapoo	sa Street, Suite 300		> '''		
Montgomery,	AL 36104				
the jurisdiction unde		ру і	ys old, duly authenticated by the official having custody of snot acceptable. If the certificate is in a foreign language ted.)		lsin
11. Nature of b	usiness or purposes to be conducted	or p	romoted in Florida: Real Estate Brokerage		
	Jun	<u>-/</u>		·	
		F.S.	orized representative of a member, , the execution of this document constitutes that the facts stated herein are true.)		
	Josh Mandell		·		

Typed or printed name of signee

Nancy L. Worley. Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Winter Coleman, L.L.C. organized in the office of the Judge of Probate of Montgomery County on April 19, 1999. I further certify that the records do not disclose that said Winter Coleman, L.L.C. has been dissolved.

SECRETARY OF STATE



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

May 20, 2005

Date

Mancy I Worley Sacra

Secretary of State

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.

Winter Cole	_	Company is:	
2. The name	ne and the Florida street add	lress of the registered agent and office a	are:
	CT Corporation System		OS MAY
		(Name)	The state of the s
	1200 South Pine Island	Road	31 7 PSS:H
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE)	TE CE S
	Plantation	FL_ 33324	OFIDE OFIDE

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.

Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)