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TOREIGN LIMITED LIABILITY COMPANY

## SCP 2005B-C19-502 LLC

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Certificate of Status	1
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P.09

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of Foreign Limited	d Liability Company)
Delaware (Jurisdiction company is o	under the law of which foreign limited (isbility rganized)	3. applied for (FEI mumber, if applicable)
06/10/2005	(Date of Organization)	Perpetual     (Duration: Year limited liability company will cease to exist or "perpetual")
Upon Quali	(Date first transacted business in I	Florida, if prior to registration.)
. 3901 Cente	(See sections 608.501 & 608.502 F.	-3. to determine penalty nationary)
<del></del>	(Street Addres	ss of Principal Office)
. If limited	liability company is a manager-manage	ed company, check here
. The name	and usual business addresses of the ma	anaging members or managers are as follows:
Brett L. La	indes, 3901 Centenary, Dallas, TX 75225	.0 <sub>P</sub> A
David Kro	encke, 3901 Centenary, Dallas, TX 75225	OFF -
	fancy, 3901 Centenary, Dallas, TX 75225	
Kevin P. Y		
Anachedis     inistiction tradition of the		
Anachedis ejurisdiction roslation of the l. Nature of	nnder the law of which it is organized. (A photoco e certificate under only of the translator must be sul	opy is not acceptable. If the certificate is in a fineign language, a bouitted)

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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.

2. The name	and the Florida street addr	ess of the registered agent and office are:			
	C T Corporation System			₹ <sub>c</sub> o	
		(Name)		OS JUI	T
	1200 South Pine Island Ros	sd.		HAS HAS	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			SSEE OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Plantation	FL 33324		4 9: 11 E STATE FLORIDA	Sec.
		City/State/Zip	 }	REAL TO	

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.

By:

(Signature)

Michael E. Jones
Assistant Secretary

1 The name of the Limited Liability Company is:

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

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCP 2005B-C19-502 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 EIGHTH DAY OF JULY, A.D. 2005.

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



Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4008858

DATE: 07-08-05