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ACCOUNT NO. : 072100000032

REFERENCE: 554966

120708A

OF THE PARTY.

AUTHORIZATION

ORDER DATE: August 22, 2005

ORDER TIME : 10:16 AM

ORDER NO. : 554966-005

CUSTOMER NO: 120708A

CUSTOMER: Ms. Sally Sorrels

Ronald W. Ritchie, P.A.

Suite 4

5129 Castello Drive Naples, FL 34103

FOREIGN FILINGS

NAME:

HORSESHOE PARK OF COMMERCE

MANGER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER:



ACCOUNT NO. : 072100000032

REFERENCE: 554966 120708A

Secretary of the second second

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : August 22, 2005

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KXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER: _ _ _ _ _ _ _ _

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 EXPERIENT LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	K OF COMMERCE MANAGER,	
, , •	(Name of Foreign	Limited Liability Company)
DELAWARE		3. N/A
Jurisdiction under the ompany is organized	he law of which foreign limited ded)	liability (FEI number, if applicable)
JULY 11, 2005	i .	5. PERPETUAL
(Date	e of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
	(Date first transacted busin (See sections 608.501 & 60)	ness in Florida, if prior to registration.) 8.502 F.S. to determine penalty liability)
3073 SOUTH HO	DRSESHOE DRIVE, SUITE	118
NAPLES, FL 34	17.DA	
TAKE HELD, THE 34		t Address of Principal Office)
		nanaged company, check here 🗹
		the managing members or managers are as follows:
The name and u	isual business addresses of	
The name and u	isual business addresses of	the managing members or managers are as follows: TH HORSESHOE DRIVE, SUITE 118, NAPLES, FL 34104
The name and u	isual business addresses of	the managing members or managers are as follows: TH HORSESHOE DRIVE, SUITE 118, NAPLES, FL 34104
The name and u	Isual business addresses of DLD, MANAGER 3073 SOU	the managing members or managers are as follows: TH HORSESHOE DRIVE, SUITE 118, NAPLES, FL 34104
The name and to DEAN A. ARNO	isual business addresses of DLD, MANAGER 3073 SOU	the managing members or managers are as follows: TH HORSESHOE DRIVE, SUITE 118, NAPLES, FL 34104 THE than 90 days old, duly authenticated by the official having custody of reaching the photocopy is not acceptable. If the certificate is in a foreign language, a
The name and to DEAN A. ARNO DEAN A. ARNO Attached is an original equivalent of the certification of the certification of the certification.	isual business addresses of DLD, MANAGER 3073 SOUTH	the managing members or managers are as follows: TH HORSESHOE DRIVE, SUITE 118, NAPLES, FL 34104 THE than 90 days old, duly authenticated by the official having custody of reaching the photocopy is not acceptable. If the certificate is in a foreign language, a
The name and to DEAN A. ARNO DEAN A. ARNO Attached is an original purisdiction under the melation of the certification of the certification.	isual business addresses of DLD, MANAGER 3073 SOUTH	the managing members or managers are as follows: TH HORSESHOE DRIVE, SUITE 118, NAPLES, FL 34104 THE than 90 days old, duly authenticated by the official having custody of re A photocopy is not acceptable. If the certificate is in a foreign language, a sust be submitted.)
The name and to DEAN A. ARNO DEAN A. ARNO Attached is an original equivalent of the certification of the certification of the certification.	isual business addresses of DLD, MANAGER 3073 SOUTH	the managing members or managers are as follows: TH HORSESHOE DRIVE, SUITE 118, NAPLES, FL 34104 THE than 90 days old, duly authenticated by the official having custody of re A photocopy is not acceptable. If the certificate is in a foreign language, a sust be submitted.)
The name and to DEAN A. ARNO DEAN A. ARNO Attached is an original purisdiction under the melation of the certification of the certification.	inal certificate of existence, no more he law of which it is organized. (A icate under oath of the translator miness or purposes to be considered.)	the managing members or managers are as follows: TH HORSESHOE DRIVE, SUITE 118, NAPLES, FL 34104 The than 90 days old, duly authenticated by the official having custody of rephotocopy is not acceptable. If the certificate is in a foreign language, a sust be submitted.) ducted or promoted in Florida: REAL ESTATE MANAGEMENT or an authorized representative of a member.
The name and to DEAN A. ARNO DEAN A. ARNO Attached is an original purisdiction under the melation of the certification of the certification.	inal certificate of existence, no more the law of which it is organized. (A icate under oath of the translator management of a member (In accordance with section 60)	the managing members or managers are as follows: TH HORSESHOE DRIVE, SUITE 118, NAPLES, FL 34104 THE than 90 days old, duly authenticated by the official having custody of rephotocopy is not acceptable. If the certificate is in a foreign language, a sust be submitted.) ducted or promoted in Florida: REAL ESTATE MANAGEMENT

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.

2. The name a	and the Florida street address of the registered agent and office are:
	Corporation Service Company
•	(Name)
	1201 Hays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FL 32301
	City/State/Zip
liability compa	named as registered agent and to accept service of process for the above stated limited any at the place designated in this certificate, I hereby accept the appointment as register see to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar 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)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HORSESHOE PARK OF COMMERCE MANAGER, 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 TWENTY-FIFTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORSESHOE PARK OF COMMERCE MANAGER, LLC" WAS FORMED ON THE ELEVENTH DAY OF JULY, A.D. 2005.

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



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4045040

-- DATE: 07-25-05

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