Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000221115 3)))

Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

C T CORPORATION SYSTEM

Account Number FCA000000023 (850)222-1092 Fax Number (850)878-5926

FOREIGN LIMITED LIABI

Burnt Store East LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

Electronic Filma Manu

Octoorate Fillings

Public Access Hein.

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:

| 42 | MILITARIONAL COM MILITARIO DI COMPANIO MA AL MANON MA AL MANON MAN | | | | |
|--|--|--|--|--|--|
| | Burnt Store East LLC | | | | |
| | (Name of Foreign Limited Liability Company) | | | | |
| • | Delaware 3. | | | | |
| | (Jurisdiction moder the law of which foreign limited liability (FEI number, if applicable) company is organized) | | | | |
| | September 9, 2005 5. Perpetual | | | | |
| | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") | | | | |
| 5_ | (Date first transacted business in Florids, if prior to registration.) | | | | |
| | (See sections 608.501 & 608.502 F.S. to determine penalty liability) | | | | |
| 7. | 10 Second Street N.E., Suite 401, Minneapolis, MN 55413 | | | | |
| | | | | | |
| | (Street Address of Principal Office) | | | | |
| Z. | If limited liability company is a manager-managed company, check here | | | | |
| ٠ | | | | | |
| | . The name and usual business addresses of the managing members or managers are as follows: | | | | |
| Gramm N. Nichon Jr. 10 States States St. E. Saite 101 Information 141 H2/13 | | | | | |
| George N. Nelson, Jr. 10 Second Street, N.E., Suite 401, Mirrespolis, MN 55413 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Λ | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having | | | | |
| u. | stody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certif | | | | |
| | in a foreign language, a translation of the certificate under oath of the translator must be submitted.) | | | | |
| | Windows of the state of the sta | | | | |
| 1 | Nature of business or purposes to be conducted or promoted in Florida: | | | | |
| | real estate investment | | | | |
| | ACRYANTO. | | | | |
| | Signature of a member or an authorized representative of a member. | | | | |
| | (In accordance with section 508.409(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | | | | |
| | John R. Beattie, Esq. | | | | |
| | Typed or printed name of signee | | | | |

8502227615

PAGE 03/04 P.04/05

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 name of the Limited Liability Company is: | | | |
|----------------|--|--------|--|--|
| Back 9 | tore Rest IIC | | | |
| 2. The name an | d the Florida street address of the registered agent and office are: | 05 SEP | | |
| | C T Corporation System | 5 | | |
| | (Name) | | | |
| | 1200 South Pine Island Road | 75.00 | | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | |
| | Plantation, Fiorida 33324 | 7 | | |
| | 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 for in Chapter 608, Florida Statutes.

Michele Miller
(Signature) Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) SEP-16-2005 08:43

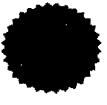


PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BURNT STORE EAST 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 FOURTERETE DAY OF SEPTEMBES, A.D. 2005.



4027950 8300 050741685



Warriet Smith Mindson, Secretar of State

rriel Smith Windsor, Secretary of State

AUTHENTICATION 4154923

DATE 09-14-05