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To:

Division of Corporations

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From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

FOREIGN LIMITED LIABILITY COMPANY

JENNIFER GREEN JACKSONVILLE, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	02	
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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 808.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 JENNIFER GREEN JACKSONVILLE, LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability ( FEI number, if applicable) company is organized) 4. September 15, 2005 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") Upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 1666 Kennedy Cswy., Suite 606 North Bay Village, FL 33141 (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: Scott Slota, Manager 1666 Kennedy Cswy., Suite 608 North Bay Village, FL 33141 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: condominium development Signature of a member or an authorized representative of a member, (in accordance with section 608.408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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Typed or printed name of signee

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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.

1. The name of the Lit	mited Liability Company is:	
JENNIFER GREEN JAC		
2. The name and the F	Florida street address of the registered agent and office are:	
NRAI	Services, Inc. (Name)	
2731	Executive Park Drive, Suite 4  Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Westo		SEC.
liability company at the agent and agree to act i relating to the proper a	City/State/Zip  registered agent and to accept service of process for the above states e place designated in this certificate, I hereby accept the appointment in this capacity. I further agree to comply with the provisions of all s and complete performance of my duties, and I am familiar with and a ion as registered agent as provided for in Chapter 608, Florida Statu	d limited t as registered: statutes:

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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(Signature)



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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JENNIFER GREEN JACKSONVILLE, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JENNIFER GREEN JACKSONVILLE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2005.

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

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Daniet Smith Handson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4159977

DATE: 09-16-05