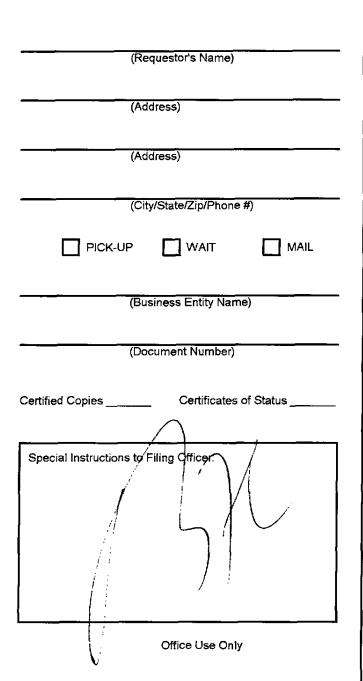
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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Reference: (Sub Account)	10/18/05	S DET !
Date:	[0/18/05	SSE 8 T
Requestor Name:	Carlton Fields	PH 1:40
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	ORIDA ORIDA
Telephone:	(850) 224-1585	
Contact Name:	Kim Pullen, CLA (ext. 5261)	
Corporation Name:	SG Miraso	1 <u>UC</u>
Entity Number: Authorization:	Knipille	
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
(X) Call When Ready	(X) Call if Problem	() After 4:30
(X) Walk In	()Will Wait	(X) Pick Up
CE Internal Lise Only		

TAL#501656.1

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number Reference:	FCA00000017	25 OS
(Sub Account)	10/18/05	
Date:	10 (18/05	6
Requestor Name:	Carlton Fields	7
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 224-1585	
Contact Name:	Kim Pullen, CLA (ext. 5261)	
Corporation Name: Entity Number: Authorization:	SG Mirasol	UC
Certified Copy		Certificate of Status
New Filings	Plain Stamped Copy	Annual Report
Fictitious Name	Amendments	Registration
(X) Call When Ready	(X)Call if Problem	() After 4:30
(X)Walk in	()Will Wait	(X) Pick Up

TAL#501656.1

CF Internal Use Only

Client: 56102

Matter: 23435
Office: TPA

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: SG Mirasol LLC	
	(Name of Lif	mited Liability Company)
Florida	closed "Application by Foreign Limited La," Certificate of Existence, and check are sy company to transact business in Florida	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please	return all correspondence concerning this	
	Lavinia James Vaughn, Esquire	77 05 T
	(N	irm/Company)
	Carlton Fields	357
	(F	irm/Company)
	Corporate Center Three at Internation	al Plaza, 4221 W. Boy Scout Blvd., 10th Floor
		(Address)
	Tampa, FL 33607	
	(City/S	tate and Zip Code)
For fur	ther information concerning this matter, pl	ease call:
	Lavinia James Vaughn, Esquire	at (813) 229-4144
	(Name of Person)	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS:	STREET ADDRESS:
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	ed is a check for the following amount: \$\Bigsim\\$125.00 \text{Filing Fee} \Bigsim\\$130.00 \text{Filing Fee} & Certificate o	

005714

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

SG Mirasol LLC (Name of Foreign Limit	nited Liability Company)
Delaware	,
(Jurisdiction under the law of which foreign limited liabili company is organized)	ollity (FEI number, if applicable)
March 8, 2005	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cass to exist or "perpetual")
	`. ~
(See sections 608.501 & 608.502	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)
11524 Villa Vasari Drive	<u> </u>
Palm Beach Gardens, FL 33418	
(Street Addr	dress of Principal Office)
If limited liability company is a manager-manage	aged company, check here 🗸
The name and usual business addresses of the m	managing members or managers are as follows:
Sharon Gray	
11524 Villa Vasari Drive	
Palm Beach Gardens, FL 33418	
	an 90 days old, duly authonicated by the official having custody of record tocopy is not acceptable. If the certificate is in a foreign language, a re-submitted.)
. Nature of business or purposes to be conducted	led or premeted in Florida:
Ownership and leasing of real property.	
	770
	- Second Second
Signature of a member or an	an authorized representative of a member.
(In accordance with section 608,408(3	N(3), F.S. the execution of this document constitutes
(In accordance with section 608,408(3	an authorized representative of a member. 8(3), F.S. the execution of this document constitutes of perjury that the facts stated herein are true.)

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.

CFRA, LLC	
	(Name)
Corporate Center Three a	nt International Plaza, 4221 W. Boy Scout Blvd., 10th Floor
Florida Street	Address (P.O. Box NOT ACCEPTABLE)
Tampa	FL 33607
	City/State/Zip

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)
Lavinia James Vaughn, Esq. on behalf of CFRA, LLC

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 Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SG MIRASOL 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 THIRTEENTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SG MIRASOL LLC" WAS FORMED ON THE EIGHTH DAY OF MARCH, A.D. 2005.

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



Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4224903

DATE: 10-13-05

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