Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

	Account Name Account Number Phone	: C T CORPORATION : FCA000000023 : (850)222-1092	SYSTEM	
	Fax Number	: (850)878-5926		
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 601503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACTIOUSINESS IN THE STATE OF FLORIDA:

Delaware		3	4/2
lurisdiction under the law of which outpany is organized)	ı foreign limited liability	J	(FEI number, if applicable)
10-18-65		5. <u>P</u>	erpetua!
(Date of Organization			(Duration: Year limited fishility company will cases to exist or "perpetual")
<u></u>	bon Lilin	-8	
(Date firs (See section	t transacted business in F ns 608.501 & 608.502 FJ	S. to d	, if prior to registration.) letermine pensity liability)
2390 East Camelback Road, Suite	210, Phoenix, Arizona S	5016	
, , , , , , , , , , , , , , , , , , ,	(Street Addres	s of P	riscipal Office)
If limited liability company	s a manager-manage	d cor	mpany, check here
The name and usual business	addresses of the ma	magir	ng members or managers are as follows:
National Safe Harbor Exchanges	, Inc,		•
	<u> </u>	Arni	
2390 East Camelback Road, Sui	e 210, Phoenix, Anzona	9301	0
). Attached is an original certification of the control of the con	te of existence, no more	e (han	.90 days old, duly authenticated by the official havin s organized. (A photocopy is not acceptable. If the c
stony of records in the perisonene in a foreign language, a trans	n tacer the law of which lation of the certificat	te un	der oath of the translator must be submitted.)
l. Nature of business or purpo	ises to be conducted (or pn	omoted in Florida; Holding Title to Real Estate
Mg natur	of a member or an a		rized representative of a member.
(in secondar	see with section 608.408(3),	. F.S., I	rized representative of a member, the execution of this document constitutes that the facts stated barein are true.)

Its: Sole Member/Manager

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.

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•	LUCKIEVE	LICII	100	OCHIACION.	LIMITERIA.	141-4.

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System
(Name)
1200 South Pine Island Road
 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation, Florida 33324
 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.

C T Corporation System

By: (Signature)

\$ 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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FROM CORPORATION TRUST WILM TEAM #2

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATTORNEYS DELL & SCHARFER, CHARTERED, 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 MINETEENTH DAY OF OCTOBER, A.D. 2005.

4047287 8300 050851583 Harriet Smith Hindson

AUTHENTICATION: 4234626

DATE: 10-19-05