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05 NOV 28 PH 4: 38
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CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EÅST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT:	TRACY SPE	CAR	
DATE:	11/28/05		1.0 G
REF. #:	000928.4473	<u>0</u> .	100 P
CORP. NAME:	CANYON S.	ANDS VENTURE, LLC	PHUED PH 1: 38 TALLAHASSEE, FLORID
() ARTICLES OF INCO	PRPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
(XX) FOREIGN QUALI	IFICATION	() LIMITED PARTNERSHII	() LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF C	CANCELLATION		
()OTHER:			
STATE FEES PR	REPAID WI	TH CHECK# <u>515086</u> FOR \$	<u>155.00</u>
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBIT	ED:
		COST L	IMIT: \$
PLEASE RETUR	RN:		
(XX) CERTIFIED CO	OPY.	() CERTIFICATE OF GOOD STA	ANDING () PLAIN STAMPED COPY
() CERTIFICATE OI	F STATUS		

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	IRANDACI DUS	MESS IN PLONDA	\$ 5 5 M
	ION 608.503, FLORIDA STATUT IO TRANSACT BUSINESS IN THE	ES, THE FOLLOWING IS SUBMITTED TO I ESTATE OF FLORIDA:	REGISTUR APOREICE
1. Canyon Sands Venture,			55.5
	(Name of Foreign Limited)	Liability Company)	max 3
2. Delaware		3. 20-3067535	70, 50
	which foreign limited liability	(FEI number, if applicable	PH 4:38
4. June 27, 2005		_{5.} Perpetual	
(Date of Orga	nization)	(Duration: Year limited liability companexist or "perpetual")	y will cease to
6. N/A			
(Da	nte first transacted business in Fl sections 608.501 & 608.502 F.S		
7. 3003 Tamiami Trail N	orth, Suite 210		
Naples, FL 34103			
	(Street Address	of Principal Office)	
8. If limited liability comp	oany is a manager-managed	l company, check here 🗸	
9. The name and usual bu	siness addresses of the mar	naging members or managers are as fo	llows:
Williams Capitol Invest	ments, LLC c/o S. Jack Wil	liams, Jr. –	
3003 Tamiami Trail N	orth, Suite 210		
Naples, FL 34103	<u> </u>		
the jurisdiction under the law of variation of the certificate under	which it is organized. (A photocop coath of the translator must be sub	,	
11. Nature of business or	purposes to be conducted o	or promoted in Florida: Lending	······································
	Laft.	Jich .	· _
Sign	nature of a member or an an	uthorized representative of a member. F.S., the execution of this document constitutes	
an a	Tirmation under the penalties of per	jury that the facts stated herein are true.)	
	· 3.5	JACK Williams Jr	_
	Typed or printe	d 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.

1. The name	e of the Limited Liability Con	ipany is:		
Canyon S	Sands Venture, LLC			
2. The name	and the Florida street address	s of the registered ager	nt and office are:	
	S. Jack Williams, Jr.			
•		(Name)		
	3003 Tamiami Trail N	North, Suite 210		
	Florida Street Ac	idress (P.O. Box NOT AC	CEPTABLE)	
	Naples	FL	34103	
		City/State/Zip		
liability comp agent and ag relating to th	named as registered agent and cany at the place designated in ree to act in this capacity. I fut e proper and complete perform f my position as registered age	this certificate, I hereb rther agree to comply w ance of my duties, and	y accept the appointment as t with the provisions of all statu I am familiar with and accep	re <mark>gistere</mark> a ites

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CANYON SANDS VENTURE, 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-FIRST DAY OF NOVEMBER, A.D. 2005.



Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4313304

DATE: 11-21-05

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