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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173 | | | | | |
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| FILING COVER ACCT. #FCA-14 | SHEET | | | | |
| CONTACT: | TRICIA TADLOCK | | | | |
| DATE: | <u>11-29-05</u> | TARES OF THE | | | |
| REF. #: | 000638.44836 | 200 F. 100 | | | |
| CORP. NAME: | CABOT TRAFALGAR/AVION 23 LLC | SECULLARIASSEE, FLORIDA | | | |
| () ARTICLES OF INCO | ORPORATION () ARTICLES OF AMENDMENT | () ARTICLES OF DISSOLUTION | | | |
| () ANNUAL REPORT | () TRADEMARK/SERVICE MARK | () FICTITIOUS NAME | | | |
| (XX) FOREIGN QUAL | IFICATION () LIMITED PARTNERSHIP | () LIMITED LIABILITY | | | |
| () REINSTATEMENT | () MERGER | () WITHDRAWAL | | | |
| () CERTIFICATE OF (| ANCELLATION | | | | |
| () OTHER: | | | | | |
| STATE FEES PREPAID WITH CHECK# 5/5/12 FOR \$ 155.00. | | | | | |
| AUTHORIZATI | ON FOR ACCOUNT IF TO BE DEBITED |): | | | |
| COST LIMIT: \$ | | | | | |
| PLEASE RETUR | RN: | | | | |
| (XX) CERTIFIED CO | OPY () CERTIFICATE OF GOOD STAND STATUS | OING () PLAIN STAMPED COPY | | | |
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Examiner's Initials

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| APPLICATION BY FORI | | LITY COMPANY FOR AUTHORIZATION | 7 0 / | | |
| | TRANSACT BUSIN | NESS IN FLORIDA | P3 197 | | |
| | | THE FOLLOWING IS SUBMITTED TO REGISTER A FO | OREIGN O | | |
| LIMITED LIABILITY COMPANY TO TI | | TATE OF FLORIDA: | ي. مير | | |
| Cabot Trafalgar/Avion 2 | 23 LLC Name of Foreign Limited Lia | (hility Company) | 027 0 | | |
| | | • • • | OF S | | |
| 2. Delaware (Jurisdiction under the law of which | 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2 | N/A (FEI number, if applicable) | - | | |
| company is organized) | | (151 manos), il approable) | | | |
| 1. November 15, 2005 | | Perpetual | _ | | |
| (Date of Organizati | on) | (Duration: Year limited liability company will cease to exist or "perpetual") | | | |
| . Upon qualification | | • | | | |
| (Date fir | st transacted business in Flori ons 608.501 & 608.502 F.S. to | da, if prior to registration.) | - | | |
| , c/o National Corporate | | determine penalty natimity) | | | |
| 7 | nebearon, Bear | | - | | |
| 615 South Dupont Highwa | - | | _ | | |
| | (Street Address of | Principal Office) | | | |
| 3. If limited liability company | is a manager-managed co | ompany, check here | | | |
| . The name and usual busines | s addresses of the manag | ging members or managers are as follows: | | | |
| Baljit Singh, 560 West Hanley Road, Mansfield, Ohio 44903 | | | | | |
| | | 15 16.9 | • | | |
| · | | | - | | |
| | | | | | |
| 0 40 4 44 4 47 | | | | | |
| | | ys old, duly authenticated by the official having custody of rec s not acceptable. If the certificate is in a foreign language, a | ords in | | |
| ranslation of the certificate under oath | | | | | |
| 11 N. C1 ' | | | | | |
| 1. Nature of business or purp | oses to be conducted or p | promoted in Florida: Own real estate | | | |
| | | | | | |
| | I_I mi no es to | | | | |
| Signatur | /s/ Kim Brathwaite e of a member or an auth | orized representative of a member. | | | |
| (In accorda | nce with section 608.408(3), F.S. | , the execution of this document constitutes | | | |
| | non under the penalties 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.

| 1. The name of the Limited Liability C | Company is: | |
|--|---|----------|
| Cabot Trafalgar/Avion 23 LLC | | <u>.</u> |
| 2. The name and the Florida street add | lress of the registered agent and office are: | |
| National Corporate | e Research, Ltd., Inc. | |
| | (Name) | |
| 515 East Park Aven | nue | |
| Florida Stree | et Address (P.O. Box NOT ACCEPTABLE) | |
| Tallahassee | FL 32301 | |
| | 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.

NATIONAL CORPORATE RESEARCH, LTD., INC.

By: Odni (Signature)

\$ 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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CABOT TRAFALGAR/AVION 23 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 NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CABOT TRAFALGAR/AVION 23 LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2005.

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



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4300411

DATE: 11-16-05

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