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PICK-UP	☐ WAIT	MAIL
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Requester's Name Address City/State/Zip Phone #	-5454	
CORPORATION NAME(S) & DOCUM	Office Use Only IMENT NUMBER(S) (if known):	
	Office Use Only MENT NUMBER(S), (if known): (Document #) (Document #)	>
2. (Corporation Name)	(Document #)	
3, (Corporation Name)	(Document #)	
4. (Corporation Name) Walk in Pick up time	(Document #) Certified Copy	æ.
Mail out Will wait	Photocopy Certificate of Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
On 27021/4/00	Examiner's Initials	
CR2E031(7/97)		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATU LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	TIES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN IE STATE OF FLORIDA:
1. TUSKAWILLA ASSOCIATES, LLC	FE C
(Name of Foreign Limited	(Liability Company)
Georgia (Jurisdiction under the law of which foreign limited liability company is organized)	E STATE OF FLORIDA: Liability Company) 3. Application Pending (FEI number, if applicable) 5. Perpetual
4. June 2, 2005 (Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease of exist or "perpetual")
6. Not Applicable (Date first transacted business in F (See sections 608.501 & 608.502 F.	lorida, if prior to registration.) S. to determine penalty liability)
7. 216 Seven Farms Drive, Suite 200	
Charleston, South Carolina 29492 (Street Address	ss of Principal Office)
8. If limited liability company is a manager-manage	ed company, check here
9. The name and usual business addresses of the ma	naging members or managers are as follows:
216 Seven Farms Drive, Suite 200	
Charleston, South Carolina 29492	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be su	A
11. Nature of business or purposes to be conducted	or promoted in Florida: Real estate ownership,
investment, development, leasing and	management
M	<u> </u>
(In accordance with section 608.408(3), an affirmation under the penalties of po	nuthorized representative of a member. F.S., the execution of this document constitutes erjury that the facts stated herein are true.)
Greg W. Brooks, Author	ized Representative of Member

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.

	of the Limited Liability Compar	•		
2. The name a	and the Florida street address of	the registere	d agent and office are:	
	NRAI Services, Inc.	(Name)		— ፣
	2731 Executive Park			
	Weston,	FL_City/State/Zi	33331	

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.

(Signature)
by Fred Larison, Assistant Secretary

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

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0538498 DATE INC/AUTH/FILED: 06/02/2005 JURISDICTION : GEORGIA PRINT DATE : 12/08/2005

FORM NUMBER : 211

PARANET CORPORATION SERVICES, INC. MAGGIE FERDINAND 3761 VENTURE DRIVE, SUITE 260 DULUTH, GA 30096

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

TUSKAWILLA ASSOCIATES, LEC.

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction affated above or was authorized to transact business in Georgia on the above dates and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State