Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052 Phone : (302)531-0855 : (302)531-3150

OLDE CYPRESS I PR. LLC

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Jan. 24. 2008 4:03PM Incorporating Services, LTD. (((H06000020607 3))) No. 3138 P. 2

COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: Olde Capress T PR LLC (Name of Limited Liability Company) SUBJECT: Olde Capress T PR LLC ARRIVATION (Name of Limited Liability Company)				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Beverly Porter (Name of Person)				
I Newsporating Services Ltd (Birm/Company)				
3500 South Dupont Highway				
Dover DE 19901				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Name of Person) Area Code & Daytime Telephone Number)				
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee S S155.00 Filing Fee S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy				

(((H06000020607 3)))

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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: lame of Foreign Limited Liability Company) elaware (Jurisdiction under the law of which foreign limited liability company is organized) Deration: Year limited liability company will c (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fixeign language a translation of the certificate under oath of the translator must be submitted) 11. Nature of business or purposes to be conducted or promoted in Florida: QN a 4140 Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Robert McLach

Typed or printed name of signee

(((06000020607 3)))

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 Company is:	SEC	9007
Olde Copress T PR, LLC	286	
2. The name and the Florida street address of the registered agent and office are:	ARY O	24
In corporating Services Ltd	FSTATE	AM IO:
1540 Glenway Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)		8
Taluhusse FL 32301		

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.

Benero Porthe Asst Secy

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

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLDE CYPRESS I PR, 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-FOURTH DAY OF JANUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLDE CYPRESS I PR. LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES, BEEN PAID TO DATE.

AUTHENTICATION: 4471747

DATE: 01-24-06

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