Jan. 24. 2006, 4:05PM Incorporating Services, LTD.

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : INCORPORATING SERVICES FL

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

: (302)531-3150

FLORIDA/FOREIGN LIMITED LIABILITY CO.

OLDE CYPRESS II PR, LLC

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

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COVER LETTER

	TO: Registration Section Division of Corporations				
	SUBJECT: Olde Cypress T PR LLC (Name of Limited Liability Company)	2			
: : :-'	(Name of Limited Clability Company)	98			
:	The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Rusin Florida," Certificate of Existence, and check are submitted to register the above referenced foreign tim liability company to transact business in Florida.	essein itek			
	Please return all correspondence concerning this matter to the following:	AH			
-	13eveily Poiter (Name of Person)	AH 10: 45			
	(Name of Person)	-			
	1 100 pointing Securces L+d (Firm/Company)				
	.3500 South Dount Highway (Address)				
	Dover DE 1990 (City/State and Zip Code)				
	(City/State and Zip Code)				
	For further information concerning this matter, please call:				
	Name of Jerson) at (303) 291-5503 (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: Status Certificate of Status Enclosed is a check for the following amount: Status Filing Fee & Status Certificate of Status Certified Copy of Status & Certificate Copy of				

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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: (Name of Foreigh Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 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 foreign 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: Engaging in any lawful act

Or activity for which limited hability companies may be formed under the 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.) 1200est

Typed or printed name of signee

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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:		
Olde CYDIES II PRLLC		
2. The name and the Florida street address of the registered agent and office are:	SEC!	2006
Incorporating Services Ltd (Name)	SECRETARY TALLAHASSEI	2006 JAN 24
1540 Glenway Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	OF STA	8H 10: 1+5
Taluhussee FL 32301		15
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.

Reverse O. Porte Asst Sery

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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)

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLDE CYPRESS II 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 II PR, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF SEPTEMBER, A.D. 2003.

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

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AUTHENTICATION: 4471752

DATE: 01-24-06

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