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(Re	equestor's Name)					
(Address)						
(Ác	ddress)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL					
(Bı	usiness Entity Name)					
(Do	ocument Number)					
Certified Copies	Certificates of Status					
Special Instructions to	Filing Officer:					

Office Use Only



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CORPDIRECT AGEN 515 EAST PARK AVI TALLAHASSEE, FL 222-1173 FILING COVER S ACCT. #FCA-14	ENUE 32301	merly CCRS)			
CONTACT:	<u>ED</u>				
DATE:	02/17/06		Configuration of the configura		
REF. #:	<u>0638.48285</u>				
CORP. NAME:	PARK SHO	RE 10, LLC			
() ARTICLES OF INCO	PRPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION		
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME		
(X) FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY		
() REINSTATEMENT		() MERGER	() WITHDRAWAL		
() CERTIFICATE OF C	ANCELLATION				
() OTHER:					
STATE FEES PREPAID WITH CHECK# 51687 FOR \$ 155.00 AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:					
COST LIMIT: \$					
PLEASE RETUR	RN:				
(X) CERTIFIED COP	PY	() CERTIFICATE OF GOOD STAND	DING () PLAIN STAMPED COPY		
() CERTIFICATE OF	STATUS				

Examiner's Initials

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	IES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN E STATE OF FLORIDA: Liability Company) 3. (FEI number, if applicable) 5. Perpetual (Duration: Year limited liability company will cease to exist or "bernetual")
1. Park Shore 10, LLC	
(Name of Foreign Limited	Liability Company)
2. Delaware	3.
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
_{4.} January 12, 2006	5. Perpetual 700 6
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing	7
(Date first transacted business in F (See sections 608,501 & 608.502 F.)	lorida, if prior to registration.) S. to determine penalty liability)
7. 345 St. Peter Street, Suite 1600	
St. Paul, MN 55102	
(Street Addres	s of Principal Office)
8. If limited liability company is a manager-manage	d company, check here
9. The name and usual business addresses of the man	naging members or managers are as follows:
Villas West LLC	
2880 Gulf Shore Blvd., Apt. 208	
Naples, FL 34103	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocopt translation of the certificate under oath of the translator must be sub-	
11. Nature of business or purposes to be conducted of	or promoted in Florida: Real Estate and other
general business purposes Signature of a member of an affirmation under the penalties of per	uthorized representative of a member. F.S., the execution of this document constitutes given that the facts stated herein are true.)
·	Representative of Naples 10, LLC
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 of the	Limited Liability Company	y is:					
PARK SHORE 10, LLC							
2. The name and the	ne Florida street address of	the registered a	agent and office are:				
	National Corpor	ate Researcl	h, Ltd., Inc.				
		(Name)		_			
	515 Eas	st Park Aven	ue				
and the second s	Florida Street Address	s (P.O. Box <u>NO</u>)	[ACCEPTABLE)	-			
	Tallahassee	FL	32301				
		City/State/Zip					
liability company a agent and agree to relating to the prop obligations of my p	d as registered agent and to a the place designated in this act in this capacity. I further er and complete performance osition as registered agent as PORATE RESEARCH, LTD., (Signature)	certificate, I he ragree to comp e of my duties, o s provided for it	rreby accept the appoint ly with the provisions of and I am familiar with a	ment as registered fall statutes nd accept the			

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARK SHORE 10, 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 SEVENTEENTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARK SHORE 10, LLC" WAS FORMED ON THE TWELFTH DAY OF JANUARY, A.D. 2006.

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

Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4532136

DATE: 02-17-06

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