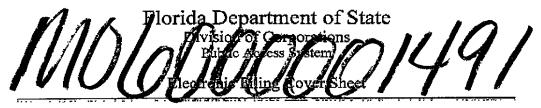
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

6451-6

From:

Account Name : HILL, WARD & HENDERSON, P.A. II

Account Number : 072100000520 Phone : (813)221-3900 Fax Number : (813)221-2900

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Porter Place, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO

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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: 1. Porter Place, LLC (Name of Foreign Limited Liability Company) 20-4114546 2. Georgia (Jurisdiction under the law of which foreign limited liability company is organized) 5. perpetual _{4.} January 13, 2006 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. Upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) Bours And (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here X 9. The name and usual business addresses of the managing members or managers are as follows: BULLIEVANO 30339 ATLANTIA 64 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recommit the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a facign language, a translation of the certificate under onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida:

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 stand berein are true.)

Typed or printed name of signee

GERALD R.

MASSEY, THE

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Real Estate Investment

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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	y is:
----	----------	--------	---------	-----------	---------	-------

Porter	Place,	LL	C
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2. The name and the Florida street address of the registered agent and office are:

	S. Katherine Frazier	106 MAR	VISION OF
	(Name) Hill, Ward & Henderson, P.A. 101 E. Kennedy Blvd., 37th Floor	R ∫3	N OF CO
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 10:	OF S IA RPORAT
_	Tampa FL 33602	ည	TIONS

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)

\$ 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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Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0602987

DATE INC/AUTH/FILED: 01/13/2006

JURISDICTION : GEORGIA

PRINT DATE : 03/10/2006

FORM NUMBER : 211

JONES DAY JANE CRAWFORD 1420 PEACHTREE ST. NE SUITE 800 ATLANTA, GA 30309

CERTIFICATE OF EXISTENCE

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

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Officeal Code of Secreta Annotated.

Said entity was formed in the jurisdiction stated above of was authorized to transact business in Georgia on the subject date and has not filed articles of dissolution, certificate of rancellation break other smiller document with the Office of the Secretary of State

This certificate relates only to the regalifications of the above-named entity as of the print days above. It does not be triffy whether or not a notice of intent to dissolve, an application for withdraws 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

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