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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

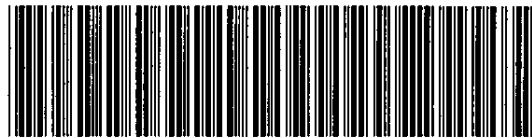
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Certified Copies \_\_\_\_\_

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TALLAHASSEE, FLORIDA

MO6-2825  
R

# CARLTON FIELDS

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May 12, 2006

Registration Section  
Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

VIA FEDEX

Re: St. Johns Master LLC

Dear Sir or Madam:

Here are the following documents in connection with the subject entity:

1. Florida form entitled, "Application by Foreign Limited Liability Company Authorization to Transact Business in Florida";
2. Florida form entitled, "Certificate of Designation of Registered Agent/Registered Office";
3. An original Certificate of Good Standing issued by the State of Delaware dated April 29, 2006; and
4. This firm's check no. 391290 in the amount of \$160.00.

If these documents are acceptable, please send me your letter of acknowledgement that the application by St. Johns Master LLC for authorization to transact business in Florida has been approved. Please call me if you have any questions.

Sincerely,

CARLTON FIELDS, P.A.



LYNORE REDDING

Enc.

STP#619026.1

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TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. St. Johns Master LLC  
(Name of Foreign Limited Liability Company)

2. Delaware 3. 76-0824820  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 14, 2005 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. The company has not yet transacted business in Florida.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. Eastland Corporation, 13361 Atlantic Boulevard, Jacksonville, FL 32225  
(Street Address of Principal Office)

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:

Eastland Corporation, 13361 Atlantic Boulevard, Jacksonville, FL 32225

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: Real estate development

Joel B. Giles  
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.)

Joel B. Giles, Authorized Agent,

Typed or printed name of signee Eastland Corporation, Manager

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SECRETARY OF STATE

**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:

St. Johns Master LLC

2. The name and the Florida street address of the registered agent and office are:

CFRA, LLC

(Name)

4221 West Boy Scout Boulevard

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

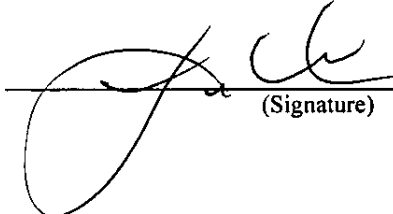
Tampa

FL

33607

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.*

  
\_\_\_\_\_  
(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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TALLAHASSEE, FLORIDA

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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ST. JOHNS MASTER 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-NINTH DAY OF APRIL, A.D. 2006.



4059612 8300

060356876

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 4707148

DATE: 04-29-06