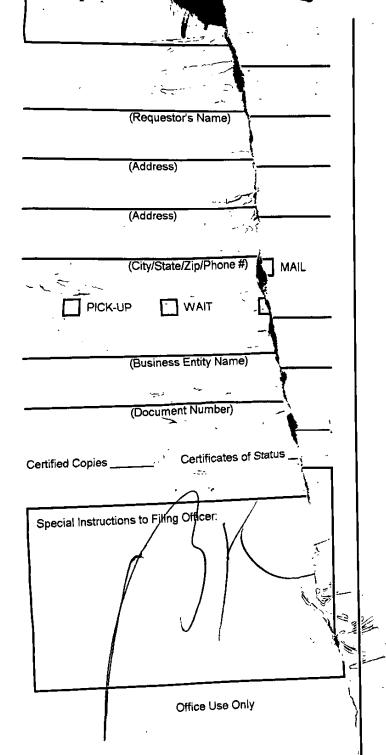
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SECRETARY OF SIATE
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DEPARTMENT OF STATE
IVISION OF CORPORATION



ACCOUNT NO.

072100000032

REFERENCE

258629

AUTHORIZATION

COST LIMIT

ORDER DATE: July 21, 2006

ORDER TIME : 11:37 AM

ORDER NO. : 258629-010

CUSTOMER NO:

4308005

Resubmi

FOREIGN FILINGS

KEY HAVEN EVERGREEN, LLC

Please plan orbital submission વસ્તર હક મોક date.

(TYPE: <u>LL</u>) XXXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2006

DENISE MICK CSC TALLAHASSEE, FL

SUBJECT: KEY HAVEN EVERGREEN, LLC

Ref. Number: W06000032464

We have received your document for KEY HAVEN EVERGREEN, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The R.A. must please sign the acceptance statement on the R.A. page.

Also, please check the mailing address in Item 7. Is this correct???,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Letter Number: 006A00046691

Buck Kohr Document Specialist BULL OF SORIOR

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. Key Haven Ever	green, LLC			
••		lame of For	eign Limited Lia	ability Company)
Delawate			3,	20-5239396
(Jurisdiction under company is organi		foreign lim	nited liability	(FEI number, if applicable)
4.	July 19, 2006		5.	Perpetual
(Da	ite of Organization	n)	··············	(Duration: Year limited liability company will cease to exist or "perpetual")
6			· · · · · · · · · · · · · · · · · · ·	
	(Date first (See section	transacted is 608.501	business in Flor & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. c/o Corporation	Service Company			
1201 Hays Stree	et, Tallahassee,		32301	
		(;	Street Address o	f Principal Office)
3. If limited liabi	lity company i	s a manag	ger-managed c	company, check here
9. The name and	usual business	addresse	s of the mana	ging members or managers are as follows:
John Rudolph	250 S. 18th Street	#201 Phili	adelnhia PA 10	103
- Tom Rudolpin,	250 5. 1001 501001			
				
	~			
10. Attached is an ori	iginal certificate of	existence, no	o more than 90 da	ays old, duly authenticated by the official having custody of records
•		-	· •	is not acceptable. If the certificate is in a foreign language, a
translation of the cert	ificate under oath o	of the translat	tor must be subm	itted.)
11. Nature of bu	siness or purpo	ses to be	conducted or	promoted in Florida:
Real Estate Dev	elopment			
<u></u>	Na	iu E.	A.C	erla
				horized representative of a member.
				S., the execution of this document constitutes ry that the facts stated herein are true.)
	Maria E. I		, p-ij	•

Typed or printed 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 Key Haven Ev	e of the Limited Liability	Company is:	
2. The name	and the Florida street ad	dress of the registered agent and office are:	
	Corporation Service Cor		
		(Name)	
	1201 Hays Street		
	Florida Stro	eet Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		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.

By: Troy Todd as its agent

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEY HAVEN EVERGREEN, 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 NINETEENTH DAY OF JULY, A.D. 2006.

4192171 8300 060681996



AUTHENTICATION: 4911226

DATE: 07-19-06

Harriet Smith Windsor, Secretary of State