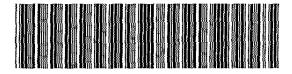
# M0600000 4281

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		824
-	Office Use On	



600077973476

08/02/06--01003--002 \*\*875.00

SECHETARY OF STATE

06 AUG -2 AMII: 5

#### **COVER LETTER**

TO: Registration Section

Division of Corporations
SUBJECT: Leibowitz-Silver Lakes LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Jeannette Johnson
(Name of Person)
DDRS  (Name of Person)  (Firm/Company)  12426 W EXPLORER DRIVE, STE 100
(Firm/Company)
12426 W EXPLORER DRIVE, STE 100
(Address)
BOISE IDAHO 83713
(City/State and Zip Code)
For further information concerning this matter, please call:
JEANNETTE JOHNSON at ( 208 ) 489-2533
(Name of Person) (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:  [2] \$125.00 Filing Fee

### 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:

Leibowitz-Silver Lakes L	LC
(Name of Foreig	in Limited Liability Company)
Delaware	3.
(Jurisdiction under the law of which foreign limite company is organized)	d liability (FEI number, if applicable)
July 25, 2006 (Date of Organization)	5 perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
upon qualification	
(Date first transacted bus	siness in Florida, if prior to registration.) 08.502 F.S. to determine penalty liability)
7. 3432 Harness Circle	ER E
Wellington, FL 33467	os. 502 F.S. to determine penalty liability)
(Stre	eet Address of Principal Office)
3. If limited liability company is a manager-	et Address of Principal Office)  -managed company, check here
O. The name and usual business addresses o	f the managing members or managers are as follows:
Margarita Leibowitz, Member 3432 Harnes	ss Circle, Wellington, FL 33467
<del>-</del>	ore than 90 days old, duly authenticated by the official having custody of records in A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)
1. Nature of business or purposes to be cor	nducted or promoted in Florida:
real estate investment	
Jeanne	tto Johnson
Signature of a membe	er or an authorized representative of a member. 508,408(3), F.S., the execution of this document constitutes
	alties of perium that the facts stated herein are true )

Jeannette Johnson, Authorized Representative

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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:	
----	----------	--------	---------	-----------	-------------	--

T	aibo	erite.	Cilyon	Lakes	7 7	0
ı,	EIDO	witz	-duver	Laces	1.1.	٠.

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

(Name)

1201 Hays Street

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

Tallahassee

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.

Corporation Service Company

X X X X X

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEIBOWITZ-SILVER LAKES 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-SIXTH DAY OF JULY, A.D. 2006.



AUTHENTICATION: 4929568

DATE: 07-26-06

4195569 8300

060701300