Page 1 of 1



Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094 : (770)777-2091 Phone

: (770)220-1943 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MY THREE SONS I, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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12/14/2006

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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 LIBILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limit	led Lisbility Company)		
Delaware	3, 58-2339130		
(Jurisdiction under the law of which foreign limited liabili company is organized)	(FE! number, if applicable)		
October 4, 2008	5. Perpetual		
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")		
(Date first transacted business in (See sections 608 501 & 608.502	Florida, if prior to registration.) P.S. to determine penalty (jability)		
6800 Lakewood Plaza Drive	P =		
4442 ENICOTE MACO 21184			
Orlando, Florida 32819	1		
(Street Addr	ress of Principal Office)		
mark t. with a see.			
- it imited lightlify company is a manager-manag	ped company, check here		
If limited liability company is a manager-manager	ged company, check here 🗹		
The name and usual business addresses of the m	ê		
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The name and usual business addresses of the m Margaritaville Holdings LLC 256 Worth Avenue, Suite C Palm Beach, Florida 33480 Attached is an original certificate of existence, no more than	nanaging members or managers are as follows:		
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Typed or printed name of signee

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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.

l. The name	c of the Limited Liabilit	ty Company is:			
My Three So	ons I, LLC				
2. The name	e and the Florida street a	address of the registered agent and offic	ce are:		
	NRAI Services, Inc.				
		(Name)			
	2731 Executive Park	c Drive, Suite 4	TALL	OF DEC	
	Florida St	Street Address (P.O. Box NOT ACCEPTABLE)		क जिल्	7 = 5
	Weston	FT. 33331	ì		MO
		City/State/Zip		8: 17	
liability comp agent and ag relating to the	pary at the place designa ree to act in this capacity e proper and complete pe f my position as registere	ent and to accept service of process for the ated in this certificate, I hereby accept the y. I further agree to comply with the protection of my duties, and I am familised agent as provided for in Chapter 608,	e appointment as re visions of all statute iar with and accept	gistered z	

\$ 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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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MY THREE SONS I, LLC" IS DOLY 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-MINTH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREEY FURTHER CERTIFY THAT THE SAID "MY THREE SONS I, LLC" WAS FORMED ON THE FOURTE DAY OF OCTOBER, A.D. 2006.

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

4228540 B300 061086987



AUTHENTICATION: 5230799

DATE: 11-29-06

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