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ALLAHASSEE, FLORIDA

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DEPARTMENT OF CORPUNATION



ACCOUNT NO. : 072100000032

REFERENCE: 781790

135887A

AUTHORIZATION :

COST LIMIT :

ORDER DATE: March 1, 2007

ORDER TIME : 10:41 AM

ORDER NO. : 781790-005

CUSTOMER NO: 135887A

FOREIGN FILINGS

NAME: CDC-GAINESVILLE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER:

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

| | | E + 1112 51711 O1 . | ILLOWING IS SUBMITTED TO . FLORIDA: | - 10 C |
|--|---|--|---|--|
| 1. CDC-GAINESV | | | | Con B |
| | (Name of Foreign | Limited Liability Co. | - · | 至分 |
| 2AL | | 3. | 20-8439876 (FEI number, if applicable | 15. 25. |
| (Jurisdiction under company is organization | the law of which foreign limited ed) | l liability | (FEI number, if applicable | 1. C. C. |
| 02/14/2007 | | 5. P | ernetual | 6 |
| (Da | e of Organization) | (Durati exist or | erpetual on: Year limited liability compar "perpetual") | y will cease to |
| j | | | | |
| | (Date first transacted bus (See sections 608.501 & 60 | ness in Florida, if prio 8.502 F.S. to determin | r to registration.) e penalty liability) | |
| 431 | Office Park Drive | | | |
| Biz | wingham, Alabama 352 (Stree | 73 | Office | |
| | (bitot | c Address of Fillerpar | Omos, | |
| If limited liabili | ty company is a manager-r | nanaged company, | check here | |
| 774 | | | | |
| . The name and t | sual business addresses of | the managing men | bers or managers are as fol | TOMB: |
| Capstone Develo | pment Corp 431 Office Park I | rive, Birmingham, Al | ebama 3 <i>5</i> 223 | |
| Howard T. Scott | - 2595 Atlanta Highway, Athens | . GA 30606 | | |
| | | , | | |
| | | photocopy is not accep | authenticated by the official having able. If the certificate is in a foreign | |
| | | | | |
| nslation of the certific | ess or purposes to be cond | ucted or promoted | in Florida: | |
| nslation of the certific . Nature of busin | ess or purposes to be cond | - | in Florida: | |
| nslation of the certific . Nature of busin | | - | in Florida: | ······································ |
| nslation of the certific . Nature of busin | El developme Le dowl Signature of a member of | ent On an authorized rej | presentative of a member. | |
| nslation of the certific . Nature of busin | Estate development of a member of the section 608 | or an authorized re | presentative of a member. | |
| nslation of the certific . Nature of busin | El developme Le dowl Signature of a member of | ent Or an authorized rep. A08(3), F.S., the executives of perjury that the factorial control in the factorial control i | presentative of a member. | |

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: | |
|--|--|--|--|
| CDC-GAINES | SVILLE, LLC | | |
| 2. The name | and the Florida street ad | dress of the registered agent and office | are; |
| | Corporation Service Con | прапу | |
| | | (Name) | |
| | 1201 Hays Street | | |
| | Florida Stre | et Address (P.O. Box NOT ACCEPTABLE) | |
| | Tallahassee | FL 32301 | |
| | | City/State/Zip | |
| liability comp agent and agr relating to the obligations of | any at the place designate ree to act in this capacity. reproper and complete per my position as registered in Service Company | and to accept service of process for the ad in this certificate, I hereby accept the I further agree to comply with the proviformance of my duties, and I am familial agent as provided for in Chapter 608, Feanine Reynolds as its agent | appointment as registered isions of all statutes r with and accept the |

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

Beth Chapman Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that CDC - Gainesville, LLC organized in the office of the Judge of Probate of Jefferson County on February 14, 2007. I further certify that the records do not disclose that said CDC - Gainesville, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

February 27, 2007

Date

Beth Chapman

Beth Chapman

Secretary of State