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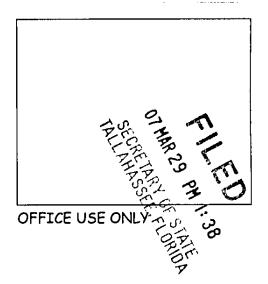
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CRETARY OF STATE LAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

#### ENTITY NAME:

1. UNIVERSITY VILLAGE FLORIDA, LLC

CK# 2491

AMOUNT \$375.00 (\$125.00 FOR THIS FILING)

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

\_\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATU LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH	TIES, THE FOLLOWING IS SUBMITTED TO REGISTER ΆΛΤΟΚΕΝ HE STATE OF FLORIDA:
I. University Village Florida, LLC	
(Name of Foreign Limited	Liability Company)
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)	3. bqqnfi elgos (FEI number, if applicable)
4. March 26, 2007 (Date of Organization)	5. December 31, 2037  (Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in F (See sections 608.501 & 608.502 F.	lorida, if prior to registration.) S. to determine penalty liability)
7. 1543 7th Street, Santa Monica, CA 90401	
(Street Addres 8. If limited liability company is a manager-manage	ss of Principal Office)
9. The name and usual business addresses of the ma Eri S. Kroh, Trustee of the Eri S. Kroh Trust - 1543 7t	•
	•
(In accordance with section 608.408(3),	suthorized representative of a member. F.S., the execution of this document constitutes right that the facts stated herein are true.)

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.

	e of the Limited Liability ( lage Florida, LLC	Company is:	
2. The name	e and the Florida street add	dress of the registered agent and office are:	
	Registered Agent Soluti	ions, Inc.	
		(Name)	-
	155 Office Plaza Dr. Su	ite A	
Florida Street 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.

Ricardo Orozco Sevretasa

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

# Delaware

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSITY VILLAGE FLORIDA, 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-SEVENTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSITY VILLAGE FLORIDA, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 2007.

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

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Warnet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5540840

DATE: 03-27-07