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TALLAHASSY OF STATE





ACCOUNT NO. : 072100000032

REFERENCE : 875977

AUTHORIZATION :

COST LIMIT : \$ 125

4306349

ORDER DATE: May 1, 2007

ORDER TIME: 8:36 AM

ORDER NO. : 875977-005

CUSTOMER NO: 4306349

#### FOREIGN FILINGS

NAME: TRUELOVE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER:

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

Trust over 1 1 C			新。 第二
TrueLove LLC (Name of Name of	of Foreign Limited Liabi	ility Company)	<del>- 1000</del>
Delaware	3	20 2020420	
(Jurisdiction under the law of which forei company is organized)	gn limited liability	20-8939420 (FEI number, if	applicable)
3-6-2007	5.	Perpetual	DE
(Date of Organization)	-	(Duration: Year limited liabil exist or "perpetual")	ity company will cease to
Upon filing			
(Date first trans	acted business in Florida 501 & 608.502 F.S. to	a, if prior to registration.) determine penalty liability)	
116 Santiago Drive, Jupiter, FL 33458			
	(Street Address of P	rincipal Office)	
	•	*	
If limited liability company is a m	anager-managed cor	mpany, check here 🔽	
The name and usual business addr	resses of the managir	ng members or managers	are as follows:
Ian S. McNair 116 Santiago Drive,	hmiter FI 33458	-	
110 50000000	, auginory 2 or 50 in or		
Samara J. McNair 116 Santiago Driv	e, Jupiter, FL 33458		
<ol> <li>Attached is an original certificate of exister</li> <li>jurisdiction under the law of which it is org</li> </ol>	,	· -	~ .
instation of the certificate under oath of the tr			an a wwgnanguago, a
l Nicken of Lorinana an according	. he conducted on my	amatad in Florida. Real l	Estate Investment
Nature of business or purposes to	) be conducted or pro	omoted in Florida:	
Samour	9 Millain		
Signature of a	phember or an author	rized representative of a 1	
		he execution of this document con hat the facts stated herein are true	
Samara	n 1. 1		•

### 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:			
TrueLove LL(	C				
2. The name	and the Florida street ad	dress of the registered agent and office are:	6		
	Corporation Service Company				
		(Name)			
	1201 Hays Street				
	Florida Stre	et Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301			
		City/State/Zip			
liability comp agent and ag relating to the obligations of	oany at the place designate ree to act in this capacity. e proper and complete per	t and to accept service of process for the abo ed in this certificate, I hereby accept the appe I further agree to comply with the provision formance of my duties, and I am familiar wit agent as provided for in Chapter 608, Florid Harry B. Davis	ointment as registered is of all statutes th and accept the		
		Acet Vice President			

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

5.00

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRUELOVE 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 FIRST DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUELOVE LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2007.

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



Harriet Smith Windsor. Secretary of State

AUTHENTICATION: 5636923

DATE: 05-01-07

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