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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number: 103731001374 : (407)418-2435 Phone

: (407)420-5909 Fax Number

ORIDA/FOREIGN LIMITED LIABILITY CO.

SWD Owner LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

/=	sited liability company)
2 Delaware	3: Applied For
(Jurisdiction under the law of which foreign limited	(FEI number, if applicable)
liability company is organized)	
4 340-14 2007	5. Perpetual
4. May 14, 2007 (Date of Organization)	(Duration: Year limited liability company will cea
(2000)	to exist or "perpetual")
6. Upon Acceptance	e sections 608 501, 608 502, and 817.155, F.S.)
(Date that hansacted business in Florida, (Sec	e seculous 600 50 t, 606 502, still 617.155, F.S.)
7 c/o Eola Capital LLC. One Independent Drive.	Suite 1850
Jacksonville, Florida 32202	
	A 1 1 7 MM \
\-	of principle office)
8 If limited liability company is a manger-managed co	mpany, check here 🔀
9. The name and usual business addresses of the manag	ging members or managers are as follows:
SWD Manager LLC c/o Eola Capital LLC	
SWD Manager LLC c/o Eola Capital LLC	
SWD Manager LLC c/o Eola Capital LLC One Independent Drive, Suite 1850	
SWD Manager LLC c/o Eola Capital LLC	
SWD Manager LLC c/o Eola Capital LLC One Independent Drive, Suite 1850 Jacksonville, Florida 32202 10. Attached is an original certificate of existence, no having custody of records in the jurisdiction under	more than 90 days old, duly authenticated by the officer the law of which it is organized (A photocopy is guage, a translation of the certificate under oath of
SWD Manager LLC c/o Eola Capital LLC One Independent Drive, Suite 1850 Jacksonville, Florida 32202 10. Attached is an original certificate of existence, no having custody of records in the jurisdiction unde acceptable. If the certificate is in a foreign lang translator must be submitted.)	r the law of which it is organized (A photocopy is guage, a translation of the certificate under oath of
SWD Manager LLC c/o Eola Capital LLC One Independent Drive, Suite 1850 Jacksonville, Florida 32202 10. Attached is an original certificate of existence, no having custody of records in the jurisdiction unde acceptable. If the certificate is in a foreign lang translator must be submitted.) 11. Nature of business or purposes to be conducted or	or the law of which it is organized (A photocopy is guage, a translation of the certificate under oath of or promoted in Florida: Acquire, hold, operate, mana
SWD Manager LLC c/o Eola Capital LLC One Independent Drive, Suite 1850 Jacksonville, Florida 32202 10. Attached is an original certificate of existence, no having custody of records in the jurisdiction unde acceptable. If the certificate is in a foreign lang translator must be submitted.)	or the law of which it is organized (A photocopy is guage, a translation of the certificate under oath of or promoted in Florida: Acquire, hold, operate, mana
SWD Manager LLC c/o Eola Capital LLC One Independent Drive, Suite 1850 Jacksonville, Florida 32202 10. Attached is an original certificate of existence, no having custody of records in the jurisdiction unde acceptable. If the certificate is in a foreign lang translator must be submitted.) 11. Nature of business or purposes to be conducted of finance, develop, lease, sell, exchange and otherwise displacements. Signature of a member or an authority.	or the law of which it is organized (A photocopy is guage, a translation of the certificate under oath of or promoted in Florida: Acquire, hold, operate, mana

William G. Evans

I yped or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTER AGENT/REGISTERED OFFICE

PURSUANT 10 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 Limited Liability Company is:

SWD Owner LLC

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

William G. Evans (Name)

c/o Bola Capital LLC, One Independent Drive, Suite 1850
Florida street address (P O. Box NOT ACCEPTABLE)

Jacksonville, FL 32202 (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 his 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, F.S.

(Signature)

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

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Delaware

PAGE

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE TO THE PROPERTY OF NOT BEEN ASSESSED TO DATE. in the control of the state of the control of the c

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWD OWNER STORM TO SAID LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2007.

8300 070571743



Harriet Smith Windsor, Secretary of State AUTHENTICATION: 5679844

DATE: 05-16-07

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