Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000136269 3)))



H070001362693ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

LS

1

03 \$160.00

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SHL Manager LLC

RECEIVED

77 HAY 18 PM 2: 38

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Certificate of Status
Certified Copy
Page Count
Estimated Charge

2007 HAY 18 PH 2: 0.
SECRETARY OF STATE
TALLAHASSEE, FI CANO

Electronic Filing Menu

Corporate Filing Menu

H07000136269 3

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

·		•		•	(Nar	ne of f	oreign li	mited lia	bility (compan	y)					
2.	De	aware	٠					3. A	polie	d For					. *	
ί.	(Juri	diction u	nder the	law of	which t	foreign	limited				numbe	r, if ap	plicable) .	; '	
٠, ٤, ٠,		liab	ility con	npany is	organi	zed)			.,		٠,٠,٠	·	; ·· ·		, ., *	
٠. 🖈	Мя	v 14. 200	17		•	•		. 5 P	erpeti	191				1,1		
— ⊤€ 1. 4				f Organi:	zation)	, , ,					imited	liabilit	у соптра	ny will	cease	;
	• •		- ,				, ,	•	, ,	to	exist o	"perp	etual")	_	•	
محتواه م	` '≠≠£"	in Aria 3.			in the second	و فو پر در در			r . Garria	123 a.t.	ا کی دی دی این ایک در دی دی این	د روستان در		erie de	و المستخدم المستخدم المستخدم	
, D ,	UP	on Accer		esected h	meinee	e in Fla	nida (S	e séction						• , •	. <u>1</u>	,
	•	• • • •						·		` .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ot10 01	7.100,1	,,u.,,	* ,3 * ,1	*
·7	c/o	Bola Car	oital LI	C. One	<u>e Inder</u>	oender	<u>it Drive</u>	Suite 1	830∵		3, 1.		` ``	·	10 A 10 A	Al.
	Jac	csonville	Floric	ia 32202	2). 		.			 1	1	· . ·
	٠		•	٠.		(Street	address	of princi	ple of	tice)	* , , , , , , , , , , , , , , , , , , ,			• •		
_		mited lish								.			. :	· · ·		•
., ,				•		_	_	• -								
-		ola Capi Independ			te 1850	0										
j	acks	onville,	Florida	32202									•			
	hav acc tra	tached is ving custo eptable. aslator mo	ody of r If the ust be at	ecords is certificat ubmitted.	n the ju te is in L)	urisdict n a for	tion und reign lan	er the lav guage, a	w of v trans	vhich it lation o	is orga	nized. ertifica	(A photoe	otocopy or cath	is not of the	
II.	. Na ance	ture of b develop.	usiness lease «	or purpo eli, exch	Dange	be gor	iducted (emvise di	super > f	rted in neal e	Florid	s: <u>Acc</u>	uije, h Florid	old, ops	rate. m	adage.	
				This person					4 - Ori - X	THE PERSON		- 17114	27.			
					IA.	<u>/////</u>	<u>///</u>	11/1	un						2007	
								iorized re S., the exem							70	
			`					erjury that th						HA H	_<	
						,	William	G. Bvan	n 6					SS	$\overline{\circ}$	
								d name o		ice				EEO		
						-12-0								- A-1	70	
														0 [S]		
														LORIC	₩	
,													***	STATE 70001	2: 02	_

H07000136269 3

CERTIFICATE OF DESIGNATION OF REGISTER 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 Limited Liability Company is:

SHL Manager LLC

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

William G. Evans (Name)

c/o Eola 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)

PILLD

2007 HAY 18 PH 2: 02

SECRETARY OF STATE

H07000136269 3

Delaware

PAGE

The First State

1, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHL MANAGER 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 SIXTEENTH DAY OF MAY, A.D. 2007.

NOT BEEN ASSESSED TO DATE.

** AND I DO HEREBY FURTHER CERTIFY THAT THE SAID, "SHL MANAGER, AND A STREET OF THE SAID," SHL MANAGER, AND A STREET OF THE SAID, "SHL MANAGER, AND A STREET OF THE SAID," SHL MANAGER, AND A STREET OF THE SAID, "SHL MANAGER, AND A STREET OF THE SAID," SHL MANAGER, AND A STREET OF THE SAID, "SHL MANAGER, AND A STREET OF THE SAID," SHL MANAGER, AND A STREET OF THE SAID, "SHL MANAGER, AND A STREET OF THE SAID," SHL MANAGER, AND A STREET OF THE SAID, AND A STREET OF LLC" WAS FORMED ON THE FOURTEENTH DAY OF MAY, A.D. 2007.

8300 070571793

DATE: 05-16-07

Н07000136269 3