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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |





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SECRETARY OF STATE NLLAHASSEE FLORID

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ACCOUNT NO. : 072100000032

REFERENCE: 913161 4326237

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 22, 2007

ORDER TIME : 10:06 AM

ORDER NO. : 913161-010

CUSTOMER NO: 4326237

FOREIGN FILINGS

NAME: ALLBRIDGE INVESTMENTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ 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

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:

| 1. | AllBridge Investments, LLC | | <u> </u> | | | |
|---|---|-------------------------------------|--|--|--|--|
| (Name of Foreign Limited Liability Company) | | | | | | |
| 2 | Delaware | 3 | 26-0186695 | | | |
| | (Jurisdiction under the law of which foreign limited liability company is organized) | | Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") | | | |
| 4. | April 30, 2007 | 5. | Perpetual (Duration: Year limited liability company will cease to | | | |
| | (Date of Organization) | | exist or "perpetual") | | | |
| 6 | N/A | | A Comment of the Comm | | | |
| ν. | (Date first transacted business in F (See sections 608.501 & 608.502 F. | lori S. to | da, if prior to registration.) determine penalty liability) | | | |
| 7. | 5080 Spectrum Drive, Suite 1150 East | | | | | |
| | Addison, TX 75001 | | | | | |
| | (Street Address of Principal Office) | | | | | |
| 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: | | | | | | |
| | John Scheurer 5080 Spectrum Drive, Suite 1150 East Addison, TX 75001 | | | | | |
| Christina DelDonna 5080 Spectrum Drive, Suite 1150 East Addison, TX 75001 John Fruehwirth 5080 Spectrum Drive, Suite 1150 East Addison, TX 75001 | | | | | | |
| | | | | | | |
| | • | , Suite 1150 East Addison, TX 75001 | | | | |
| | Cory Olson 5080 Spectrum E | cive | , Suite 1150 East Addison, TX 75001 | | | |
| the | Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photoconslation of the certificate under oath of the translator must be suf | py is | | | | |
| 11 | . Nature of business or purposes to be conducted of | or p | romoted in Florida: To make equity, equity- | | | |
| | related and debt investments in real estate related businesses and development opportunities | | | | | |
| | _ Con 27 | 7 | ell | | | |
| | | F.S., | orized representative of a member. the execution of this document constitutes that the facts stated herein are true.) | | | |
| | Cory M. Olson | | | | | |

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.

| 1. The name of | of the Limited Liability Company is: | | | |
|--|--|--|--|--|
| AllBridge In | Investments, LLC | | | |
| 2. The name a | and the Florida street address of the registered agent and office are: | | | |
| Corporation Service Company | | | | |
| | (Name) | | | |
| | 1201 Hays Street | | | |
| 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.

Corporation Service Company

By: Jeanine Reynolds

Signature) as its agent

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

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLBRIDGE INVESTMENTS, 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-THIRD DAY OF MAY, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLBRIDGE INVESTMENTS, LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2007.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5698379

DATE: 05-23-07

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