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(Requ	uestor's Name)
(Addr	ress)
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(City/	State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busi	iness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	Jing Officer:





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SECRETARY CE STATE
LLAHASSEE E STATE



ACCOUNT NO. : 072100000032

REFERENCE : 995776 7359110

AUTHORIZATION

COST LIMIT U:

ORDER DATE : July 12, 2007

ORDER TIME : 2:13 PM

ORDER NO. _: 995776-005

CUSTOMER NO: 7359110

FOREIGN FILINGS

NAME: SS AVALON, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SS Avalon, LLC (Name of Foreign Limited Liability Company) 2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5. Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7, 7932 West Sand Lake Road, Suite 108 Orlando, Florida 32819 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here \(\sqrt{} \) 9. The name and usual business addresses of the managing members or managers are as follows: 7932 West Sand Lake Road, Suite 108 Orlando, Florida 32819 Kurt O'Brien, Manager 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

Signature of a member or an authorized epresentative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

Kurt O'Brien

Business Pursuant to Florida Law.

Typed or printed name of signec

11. Nature of business or purposes to be conducted or promoted in Florida: Operate

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.

I. The name o	f the Limited Liability	Company is:
SS Avalon, LLC		
2. The name a	nd the Florida street ad	tress of the registered agent and office are:
	LSBEB Agent S	ervices, Inc.
		(Name)
	390 North Ora	nge Avenue, Suite 600
		et Address (P.O. BOX NOT ACCEPTABLE)
	Orlando,	FL 32801 City/State/Zip
liability compa agent and agre relating to the obligations of n	ny at the place designate e to act in this capacity. proper and complete per	and to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes.

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SS AVALON, 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 SIXTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SS AVALON, LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2007.

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



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070786850

Warnet Smith Henden
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5820082

DATE: 07-06-07