Florida Department of State

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

AHE GENERAL PARTNER, LLC

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7/31/2007



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TRANSACT BUSINESS IN FLORIDA

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:	
1. AHE GENERAL PARTNER, LLC		٠ :
(Name of Foreign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "LL.C.," "LLC.")	se of transacting business in Florida and attach a copy of the smale name. The alternate name must include "Limited Liabi	written lity
2. Delaware	Applied for	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FRI number, if applicable)	TERM TO CONTRACT
4. July 31, 2007	5. Perpetual	Δp_{ij}^{*}
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual").	
6. Upon qualification		1.55 £
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orlda, if prior to registration.) . to determine penalty liability)	ָּ קַּיִּלְיִלָּ בּיִילָּ
7. 7777 Glades Road, Suite 300		، ، ، ٦ _ ، د
Boca Raton, Florida 33434		-
	of Principal Office)	- =
8. If limited liability company is a manager-managed	company, check here	٠ ن
9. The name and usual business addresses of the man	aging members or managers are as follows:	u
ABSOLUTE HOCKEY ENTERPRISE	ES, LLC	_
7777 Glades Road, Suite 300		
Boca Raton, Florida 33434		_
 Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translation must be substituted.) Nature of business or purposes to be conducted or 	y is not acceptable. If the certificate is in a foreign language, a mitted.)	
David QL		_•
	athorized representative of a member. 3.3., the execution of this document constitutes	

David J. Powers, Authorized Representative Typed or printed name of signee

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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				
1. The name	of the Limited Liability Company is	•		
AHE GEN	NERAL PARTNER, LLC	and the same of th		
If name unav	râilable, the alternate name to be used	in the state of Florida is:		
2. The name	and the Florida street address of the	registered agent and office are:	•	
	David J. Powers, P.A.			
	(N	ane)		
	7777 Glades Road, Suite	300		
	Florida Street Address (P.	O, Box NOT ACCEPTABLE)		
	Boca Raton	FL 33434		
	CR	y/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.

(Signature)

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

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CONSTRUCT PROPERTY AS

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HERBY CERTIFY "AHE GENERAL PARTMER, 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 THIRTY-FIRST DAY OF JULY, A.D. 2007.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "AHE GENERAL PARTNER, LLC" WAS FORMED ON THE TEIRTY-FIRST DAY OF JULY, A.D. 2007.

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

4398708 8300 070870587



Daniet Smile Hindre

Herriet Smith Windsor, Secretary of State
AUTHENTICATION: 5886956

DATE: 07-31-07

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