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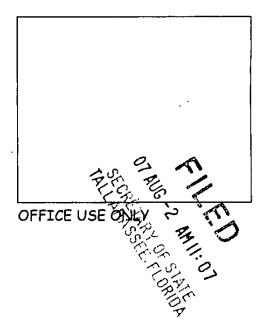
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SECRETARY OF STATE

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. OLSON WILDLIFE INVESTMENTS, LLC

CK# 2693

AMOUNT \$625.00 (\$125.00 for this filing)

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

COVER LETTER

Presenting 1

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COV	ited Liability Company) hility Company for Authorization to Transact Business in Section 10.				
TO Desistation Section	109				
TO: Registration Section	PC P				
Division of Corporations					
	The in the second				
SUBJECT: Oison Wildiife Investments, LLC					
	ited Liability Company)				
(14aille or Emil	Co. O.				
The enclosed *Application by Foreign Limited Lis	bility Company for Authorization to Transact Business in				
	ibmitted to register the above referenced foreign limited				
liability company to transact business in Florida	A service to refer the month of the service But the service A				
monthly willipstif to montone cumminous as a consumit					
Please return all correspondence concerning this m	atter to the following:				
Laurel A. Swope					
(Na	me of Person)				
Baker Donelson Bearman Caldwell & E					
(Fir	m/Company)				
420 North 20th Street, Suite 1600					
	/				
	(Address)				
Birminghem, AL 35203					
(City/State and Zip Code)					
(Chyrou	in and zap code;				
For further information concerning this matter, plea	age call.				
Laurel A. Swope	at (205) 250-8383				
(Name of Person)	(Area Code & Daytime Telephone Number)				
•					
MAILING ADDRESS:	STREET ADDRESS:				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
	Tallahassee, FL 32301				
Enclosed is a check for the following amount:					
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Pee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy					
Certificate of Status Certified Copy of Status & Certified Copy					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

APPLICATION BY FOREIGN LIMITED LIABI TRANSACT BUSIN	VESS IN FLORIDA
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S.	THE POLLOWING IS SUBMITTED TO REGISTRY OF FOREST. LATE OF FLORIDA: "Limited Liability Company," "L.L.C.," or "LLC.") of transacting business in Florida and attach a copy of the written
1. Olson Wildlife Investments, LLC	West of the second seco
(Name of Foreign Limited Liability Company; must include	e "Lumited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	
2. Delaware 3.	26-0354973
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. June 11, 2007 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Plori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 4300 Legendary Drive, Suite C-204	
Destin, FL 32541	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	- · ·
9. The name and usual business addresses of the manag	ring members or managers are as follows:
Cerl Richard Olson, Jr.	
4300 Legendary Drive, Suite C-204	
Destin, FL 32541	
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit	snot acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida: Real estate development
MUMBE	
Signature of a member or an author	orized representative of a member.
(In accordance with section 608.408(3), P.S.,	, the execution of this document constitutes
an aftirmation under the penelities of perjury	that the flicts stated herein are true.)
Carl Richard Olson, Jr.	
Typed or printed n	ame 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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited Liability	Comp	eany is:			
Olson Wildlife	e Investments, LLC					
If name unavailable, the alternate name to be used in the state of Florida is:						
2. The name	e and the Florida street ac	idress	of the registered agent and office are	•		
	Carl Richard Olson, J	۲.				
			(Name)			
	4300 Legendary Drive	, Suite	C-204			
	Plorida Str	eet Add	ress (P.O. Box <u>NOT</u> acceptable)			
	Destin		FL 32541			
			City/State/Zip			
liability comp agent and ag relating to th	pany at the place designat tree to act in this capacity. e proper and complete pe If my position as registered	led in ti I furti rforma	to accept service of process for the abo his certificate, I hereby accept the appo her agree to comply with the provision once of my duties, and I am familiar wit t as provided for in Chapter 608, Flori	ointment as registered is of all statutes th and accept the		
	c 1	00.00	Filing Fee for Application			
		25.00	Designation of Registered Agent			
	S	30.00	Certified Copy (optional) Certificate of Status (optional)			

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLSON WILDLIFE 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 THIRTIETH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OLSON WILDLIFE INVESTMENTS, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2007.

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

4368766 8300 070866751



Varriet Smile Henden

Herriet Smith Windsor, Secretary of State
AUTHENTICATION: 5883792

DATE: 07-30-07