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SECRETARY OF STATE DIVISION OF CORPORATIONS

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: SCI Gateway at Club Fund	20, LLC		
(Name of Limited Liability Company)			
	Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign limited in Florida		
Please return all correspondence conce	erning this matter to the following:		
Pamela S. Flint, Paralegal	<del></del>		
	(Name of Person)		
Kutak Rock LLP	OT P		
	(Firm/Company)		
1650 Farnam Street	(Firm/Company)  OT AUG - 2 PH 4: 03  (Address)		
	(Address)		
Omaha, NE 68102			
	(City/State and Zip Code)		
For further information concerning this	s matter, please call:		
Pamela S. Flint	at (402 ) 346-6000 ext. 1810		
(Name of Person			
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following a  □ \$125.00 Filing Fee □ \$130.00	imount: Filing Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certificate Certificate of Status   Certified Copy   of Status & Certified Copy		

## 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.	SCI Gateway at Club Fund 20, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability impany," "L.L.C.," "LLC.")
	Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4.	July 30, 2007  (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon qualificiation  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	11620 Wilshire Boulevard, Suite 300
	Los Angeles, CA 90025  (Street Address of Principal Office)
8.	(Street Address of Principal Office)  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:
	Stephen and Lisa Barkalow Living Trust, Stephen D. Barkalow and Lisa C. Barkalow, Trustees
	6350 Brookdale Dr.
	Carmel, CA 93923
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a station of the certificate under oath of the translator must be submitted.)
ı	Nature of business or purposes to be conducted or promoted in Florida: To acquire and hold interests in real property or a fractional undivided interest therein, and to engage in such other activities relating to or notidental thereto as are necessary to accomplish such purpose.
•	Pamelar S. Flort
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Pamela S. Flint, Authorized Representaive for the Member

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 the Limite	d Liability Company is:	
SCI Gateway at Club Fund 2	D, LLC	
If name unavailable, the al	iternate name to be used in the state of Florida is:	,
2. The name and the Flori	da street address of the registered agent and office are:	
Corporation	n Service Company (Name)	SECRETION OF AUG
1201 Hays	Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	F CORPORT
Tellahassa	e FL 32301 City/Suie/Zip	新報

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)

# Delaware

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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCI GATEWAY AT CLUB FUND 20, 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.

SECRETARY OF STATIONS
ON SECRETARY CORPORATIONS
ON AUG -2 PM 4: 03

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 5883893

DATE: 07-30-07

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