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SECRETARY OF STATE STORE TARY OF CORPORATIONS

COVER LETTER

(Name of Limited Liability Company)

Registration Section Division of Corporations

SUBJECT: SCI Gateway at Club Fund 19, LLC

TO:

The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida		
Please return all correspondence concerning this m	atter to the following:	
Pamela S. Flint, Paralegal		
(Na	me of Person)	
Kutak Rock LLP		
(Fin	m/Company)	DIV. 6
1650 Farnam Street	7 AUG	ISION ECRE
	(Address)	
Omaha, NE 68102		FOF STATE OS
(City/Sta	ate and Zip Code)	. 03
For further information concerning this matter, plea	ase call:	
Pamela S. Flint	at (402) 346-6000 ext. 1810	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
randidasco, i il ozori	Tallahassee, FL 32301	
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of S	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certifications Certified Copy of Status & Certifications	

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 RECISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SCI Gateway at Club Fund 19, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (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)
(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:
9. The name and usual business addresses of the managing members or managers are as follows:
Rodolfo J. Camanyag and Virginia A. Camanyag, Trustees, or their successors in trust, under the
Camanyag Family Trust, dated July 24, 1987, and any amendments thereto
28921 Via Pasatiempo, Laguna Niguel, CA 92677
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records it 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.)
11. 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 incidental thereto as are necessary to accomplish such purpose.
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.

The name of the Limited SCI Gateway at Club Fund 19,	• •	
	ernate name to be used in the state of Florida is:	
2. The name and the Florid	a street address of the registered agent and office are:	DIVISION OF AUG
Corporation	Service Company (Name)	-2 PH
1201 Hays S	Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	सिमाज्य । ५: 03
Tellahassee	FI 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.

(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

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCI GATEWAY AT CLUB FUND 19, 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.

DIVISION OF CORPORATIONS
OF ANIC -2 PM 4: 03



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5883848

DATE: 07-30-07