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(Requestor's Name) (Address)	100108968911	
(Address)	·,	
(City/State/Zip/Phone #)	09/11/0701004028 **130.00	
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO:	Registration Section Division of Corporations	•					
SUBJECT: SCI Gateway at Club Fund 31, LLC (Name of Limited Liability Company)							
Florid		ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited					
Please	e return all correspondence concerning this	matter to the following:					
	Pamela S. Flint, Paralegal						
	(N	ame of Person)					
	Kutak Rock LLP	irm/Company)					
	, ·	init Company)					
	1650 Farnam Street						
		(Address)					
	Omaha, NE 68102						
	(City/S	tate and Zip Code)					
For fu	rther information concerning this matter, pl	ease call:					
	Pamela S. Flint	at (402) 346-6000 ext. 1810					
	(Name of Person)	(Area Code & Daytime Telephone Number)					
	MAILING ADDRESS:	STREET ADDRESS:					
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building					
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					
Enclos	sed is a check for the following amount: □ \$125.00 Filing Fee FM\$130.00 Filing Fee & Certificate o						

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:

l.	SCI Gateway at Club Fund 31, LLC (Name of Foreign Limited Liability Company; must include *)	Limited Liability Company, ""L.L.C.," or "LLC.")	-
co	I name unavailable, enter alternate name adopted for the purpose of onsent of the managers or managing members adopting the alternate ompany," "L.L.C.," "LLC.")	transacting business in Florida and attach a copy of the name. The alternate name must include "Limited Liabi	written lity
2.	Delaware 3	(FEI number, if applicable)	_
	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	_
4.	(Date of Organization)	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	-
6.	Upon qualificiation	SE SE TAL	
•	(Date first transacted business in Florida, (See sections 608.501 & 608.502 F.S. to d	If prior to registration.) etermine penalty liability)	- 기
7.	11620 Wilshire Boulevard, Suite 300	SSS T	
		Incipal Office)	E D
	Los Angeles, CA 90025 (Street Address of Pr	includ Office)	-
	· ·	_ RD 20	
8.	If limited liability company is a manager-managed com	pany, check here	
9.	The name and usual business addresses of the managin	g members or managers are as follows:	
	Jerome R. Hallberg and Yolanda C. Hallberg, husband and	l wife, as joint tenants	
	1712 W. Copper Sky Drive		_
	Oro Valley, AZ 85737		_
the	Attached is an original certificate of existence, no more than 90 days or jurisdiction under the law of which it is organized. (A photocopy is no instation of the certificate under oath of the translator must be submitted	ot acceptable. If the certificate is in a foreign language, a	cords in
	1. Nature of business or purposes to be conducted or pro		?
	real property or a fractional undivided interest therein, and to e incidental thereto as are necessary to accomplish such purpos	• •	
		30.	.•
	tamela S. Flint		
	Signature of a member or an author (in accordance with section 608.408(3), F.S., the an affirmation under the penalties of perjury the	e execution of this document constitutes	
	Pamela S. Flint, Authorized Representa	ive 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	e Limited Liability Company	y is:	
SCI Gateway at Clu	b Fund 31, LLC		
If name unavailab	le, the alternate name to be u	sed in the state of Florida is:	
2. The name and	the Florida street address of t	the registered agent and office are	
<u>c</u>	orporation Service Company	(Name)	O7 SEP SECRE! TALLAH
<u>12</u>	201 Hays Street Florida Street Address	s (P.O. Box <u>NOT</u> acceptable)	#SSE =
Ţ	ellahassee	FL 32301 City/State/Zip	AM 10: 21 OF STATE EF, FLORIDA

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
5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (optional)
5 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 31, 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 FIFTH DAY OF SEPTEMBER, A.D. 2007.



4418028 8300

070986883

Varnet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5976633

DATE: 09-05-07