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October 12, 2007

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

CIUITIUIO		a Park at Countryside LLC			
		78 9 -			
Filing Evidence ☑ Plain/Confirmation Co	рру	Type of Document Certificate of Status Certificate of Good Standing			
□ Certified Copy		□ Certificate of Good Standing			
		□ Articles Only			
Retrieval Request D Photocopy		 All Charter Documents to Include Articles & Amendments Fictitious Name Certificate 			
□ Certified Copy		□ Other			
NEW FILINGS		AMENDMENTS			
Profit		Amendment			
Non Profit		Resignation of RA Officer/Director			
Limited Liability		Change of Registered Agent			
Domestication		Dissolution/Withdrawal			
Other		Merger			
OTHER FILINGS		REGISTRATION/QUALIFICATION			
Annual Reports		Foreign			
Fictitious Name	X	Limited Liability			
Name Reservation		Reinstatement			
Reinstatement		Trademark			

Other

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 OMAHA PARK AT COUNTRYSIDE LLC		-	
(Name of Foreign Limited Liability Company; mu	ist include "Limited L	iability Company," "L.L.o	C.," or "LLC.")
			-
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company," "L.L.C.," "LLC.")			
2. Delaware	3.		
(Jurisdiction under the law of which foreign limited lia company is organized)	ibility	cable)	
4. 9/18/2007	5. Perpetual		70
(Date of Organization)	(Duration exist or "	: Year limited liability cor perpetual")	npany will sease 63
6. 9/18/2007			S. 20 1
(Date first transacted busines (See sections 608.501 & 608.5	ss in Florida, if prior to 502 F.S. to determine	o registration.) penalty liability)	TT. F. B
7. 1251 Avenue of the Americas			105
New York, NY 10020			RITE *
(Street A	ddress of Principal O	ffice)	
8. If limited liability company is a manager-ma-	naged company, c	heck here 🔽	
9. The name and usual business addresses of the	e managing memb	ers or managers are a	s follows:
SWP Manager LLC			
1251 Avenue of the Americas, 35th FL	<u> </u>		
New York, NY 10020			
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A phranslation of the certificate under cath of the translator must	notocopy is not acceptal	_	-
11. Nature of business or purposes to be condition	cted or promoted i	n Florida:	
Real estate investment, development, managem	ent/operation and n	elated activities.	
/V			
Signature of a member or	an authorized rep	resentative of a memb	per.
(In accordance with section 608.4) an affirmation under the penalties			is .
SWP Manager, LLC, Manager	ger, by: George N. 1	Tietjen, III, V.P.	

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	e of the Limited Liabilit	ty Company is:	
ОМАНА РАБ	RK AT COUNTRYSIDE LI	LC	
If name unav	vailable, the alternate na	ame to be used in the state of Florida is:	
		NA NA	· ·
2. The name	e and the Florida street	address of the registered agent and office are:	
	NRAI Services, Inc.		
		(Name)	
	2731 Executive Park	Conve, Suite 4 Street Address (P.O. Box NOT ACCEPTABLE)	-
	Fiorida S	Surect Address (F.O. Box 1901 Accertable)	
	Weston	FL 33331	
		City/State/Zip	
liability comp agent and ag relating to th	pany at the place designo tree to act in this capacit e proper and complete p of my position as register	ent and to accept service of process for the above sta ated in this certificate, I hereby accept the appointme ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and red agent as provided for in Chapter 608, Florida Sta	ent as registered ll statutes l accept the

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

\$ 5.00

(Signature)

Gary Sherman, Assistant Secretary

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMAHA PARK AT COUNTRYSIDE 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 ELEVENTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMAHA PARK AT COUNTRYSIDE LLC" WAS FORMED ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2007.

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

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Farriet Smith Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6066995

DATE: 10-11-07