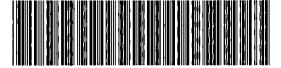


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DATE: 10/22/2007

NAME: MILLEDGE AVE, L.L.C.

TYPE OF FILING: APPLICATION TO TRANSACT

BUSINESS

COST: \$125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL / ABBIE HORGE

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

IN COMPLIANCE WITH SECTION 602502 REORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBITITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Milledge Ave., L.L.C. (Name of Forcian Limited Lability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transcoring business in Florida and attach a copy of the written consent of the managers or managing members adopting the situress name. The elemente name must include "Limited Liability Company," "LL.C." "LLC." 2 Gaorgia (Jurisdiction under the law of which foreign limited liability company is organizad) 5. Perpatual 4. February 13, 1998 (Duration: Year limited liability company will coase to (Date of Organization) exist or "perpetual") (Date ties translated business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 114 West 12th Streat Tifton, GA 31793 (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 menagers are as follows: TIPTON Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having outsidy of records in the judiction under the law of which his opportuni. (A photocopy is not acceptable. If the certificate is in a fineign language, a Chemindra ed tenymenthemy discretises under each of the number of the number of 11. Nature of business or purposes to be conducted or promoted in Florida: Ownership of hotel Signature of a member or an authorized representative of a member. The accordance with section 408.405(3), P.S., the extension of this document constitutes

an affirmation under the possibles of porjuly that the field sected horein are true.)

Typed or printed name of sience

Carlos Melgar

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.

If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and	the Florida street add	lress of the registered agent and office are:
	NRAI Services, Inc.	(Name)
<u> </u>	2731 Executive Park Dr Florids Stree	•
		FL 33331

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. NRAI Services, Inc.

Charles Coyle - Assistant Secretary

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

Control No. K806036

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

MILLEDGE AVE., L.L.C.

Domestic Limited Liability Company

was formed or was authorized to transact business on 02/13/1998 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 22nd day of October, 2007

Karen C Handel Secretary of State

aun C. Handll

Certification Number: 1772694-1 Reference: 2754.5

Verify this certificate online at http://oorp.soc.state.ga.us/corp/sockb/verify.esp