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Account Name : FOLEY & LARDNER

Account Number: I19980000047

Phone Fax Number ; {407)423-765*G* : (407)648-1743

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Emerald Gables VIII, LLC

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FEB - 1 2008

**EXAMINER** 

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

IN COMPLIANCE WITH SE LIMITED LIABILITY COMPA	ECTION 608303, FIXEDA STATUTES. ANY TO TRANSACT BUSINESS IN THE S	. THE FULLOWING IS SUBMITTED TO R PATEOFFLORIDA:	EJMER A FUREAU
1. EMERALD GA	BLES VIII, LLC	e "Limited Liability Company," "L.L.C.," o	F 41 T 7 T T T T T T T T T T T T T T T T T
(reame or releign Li	muka Diminiy Company, musi menak	C Limite Claumity Company, Cicles, V	· 1000 )
(If name unavailable, enter consent of the managers or Company," "L.L.C.," "LLC	managing members adopting the altern	of transacting business in Florida and attac ate name. The alternate name must include	h a copy of the written "Limited Liability
2. Pennsylvania	3.	N/A	
(Jurisdiction under the la company is organized)	w of which foreign limited liability	(FEI number, if applicable)	ı
4. 6/27/2005		Perpetual	
(Date of C	Organization)	(Duration: Year limited liability company exist or "perpetual")	/ Will cease to
6.			
	(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)	
7. 232 South 4th	Street, Suite 200		
Philadelphia, F	PA 19106		
<del></del>	(Street Address of	Principal Office)	Many or of
8. If limited liability co	ompany is a manager-managed o	ompany, check here	2008 ALL/
9. The name and usual	l business addresses of the manag	ging members or managers are as fol Galway Ireland	lows SS 3
Brian Hughes:	Sky Road, Clifden, Co.	Galway, Ireland	SSE 3
Michelle Barry	Hughes: Sky Road, Clif	den, Co. Galway, Ireland	OF S
Gerry MacLos	key: Market Hill, Clifden,	. Co. Galway, Ireland	35 €
the jurisdiction under the law		ys old, duly authenticated by the official havir is not acceptable. If the certificate is in a finei, ted.)	
11. Nature of business	or purposes to be conducted or p	promoted in Florida: any and all	
tawful business			
	BMB Marketing, LLC, Au	thorized Representative	<del></del>
Ву:	Signature of a member or so with	orized representative of a member.	
(	(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	, the execution of this document constitutes	
	Kevin Barry	, must also be a market design and most)	
<del>-</del>	Typed or printed n	ame of simee	

# 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 address of the registered agent and office are:			
	F&L Corp.		
	(Name)		
•	One Independent Drive, Suite 1300		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Jacksonville FL 32202		
	Jacksonville FL 32202 ALCCR Chy/State/Zip ALCCR CARE CARE CARE CARE CARE CARE CARE C		
liability com	named as registered agent and to accept service of process for the above stated finited— pany at the place designated in this certificate, I hereby accept the appointment as register pree to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the		
relating to th	of my position as registered agent as provided for in Chapter 608, Florida Statutés.		
relating to the obligations of F&L Corp			

#### COMMONWEALTH OF PENNSYLVANIA

#### DEPARTMENT OF STATE

**JANUARY 4, 2008** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

## **EMERALD GABLES VIII, LLC**

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth