# MU800000 2902

| (Re                     | equestor's Name)   |      |
|-------------------------|--------------------|------|
| (Ad                     | ldress)            |      |
| (Ad                     | idress)            | •    |
| (Cit                    | ry/State/Zip/Phone | e #) |
| PICK-UP                 | ☐ WAIT             | MAIL |
| (Bu                     | siness Entity Nan  | ne)  |
| (Do                     | cument Number)     |      |
| Certified Copies        |                    |      |
| Special Instructions to | Filing Officer:    |      |
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**EXAMINER** 



ACCOUNT NO. : 072100000032 REFERENCE : 614625 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: June 17, 2008 ORDER TIME : 6:25 PM ORDER NO. : 614625-005 CUSTOMER NO: 7654979 FOREIGN FILINGS NAME: CLYDE MORRIS BIGTREE HOLDINGS, LLÇ XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

#### 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:

| 1 CLYDE MORRIS BIGTREE HOLDINGS, L   |  |
|--|--|
| (Name of Foreign Limited Liability Company; must include   |  |
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alterna Company," "L.L.C.," "LLC.")          | of transacting business in Florida and attach a copy of the written<br>te name. The alternate name must include "Limited Liability   |
| 2. DELAWARE  |  |
| (Jurisdiction under the law of which foreign limited liability company is organized)   | (FEI number, if applicable)  |
| 4, 06-16-2008  | PERPETUAL  |
| (Date of Organization)   | (Duration: Year limited liability company will cease to exist or "perpetual")  |
| 6  |  |
| (Date first transacted business in Florid<br>(See sections 608.501 & 608.502 F.S. to   |  |
| 7. 73 FOX CORFT RUN ORMOND BEACH F.  | L 32173 🙀 🙈  |
|  | The second secon |
| (Street Address of I   | Principal Office)  SSE B  Principal Office)  SSE B  Principal Office)  |
| 3. If limited liability company is a manager-managed co  |  |
| D. The name and usual business addresses of the managi   | ng members or managers are as follows ن المجانعة المجانعة المجانعة المجانعة المجانعة المجانعة المجانعة المجانعة  |
| ANTHONY M BAILEY   | DA CONTRACTOR OF THE CONTRACTO |
| 73 FOX CORFT RUN ORMOND BEACH FI   | L 32173  |
|  |  |
|  | •  |
| <ol> <li>Attached is an original certificate of existence, no more than 90 days<br/>to jurisdiction under the law of which it is organized. (A photocopy is a</li> </ol> | not acceptable. If the certificate is in a foreign language, a   |
| anslation of the certificate under oath of the translator must be submitte   | d)   |
| 1. Nature of business or purposes to be conducted or pro-  | omoted in Florida:   |
| PROPERTY MANAGEMENT  |  |
| I don trail  | 2,   |
| Signature of a member or an author   | rized representative of a member.  |
| (In accordance with section 608,408(3), P.S., then an affirmation under the penalties of perjury it  | he execution of this document constitutes  |
| ANTHONY M BAILEY   |  |
| Typed or printed nar   | me 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.

| If name ur | navailable, the alternate name to be | used in the state of Florida is:       |              |
|------------|--------------------------------------|--|--------------|
|            |                                      |  | <del> </del> |
| 2. The na  | me and the Florida street address of | f the registered agent and office are: |              |
|            | Corporation Service Con              | npany                                  |              |
|            |                                      | (Name)                                 |              |
|            | 1201 Hays Street                     |  |              |
|            | Florida Street Addre                 | ss (P.O. Box <u>NOT</u> ACCEPTABLE)    |              |
|            | Tallahassee                          | FL 32301                               |              |
|            |                                      | City/State/Zip                         |              |

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

Heather Chapman

as its agent

(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 "CLYDE MORRIS BIGTREE HOLDINGS, 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 EIGHTEENTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLYDE MORRIS BIGTREE HOLDINGS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2008.

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

4562167 8300

080703248

AUTHENTICATION: 6667776

Varuet Smith Windsor, Secretary of State

DATE: 06-18-08

You may verify this certificate online at corp. delaware.gov/authver.shtml