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Fax Number : (850)617-6383

From:

Account Name : COBB & COLE Account Number : 120030000050 Phone : (386)255-1811 Fax Number : (386)238-7003

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

LS II Land Company, L.L.C.

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$155.00 |

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G. MCLEOD

**EXAMINER** 

JUL 23 2008

7/22/2008

# sent By: COBB & COLE; HOS OGO 1787 15

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

Jul-22-08 17:14;

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISIER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUNNESS IN THE STATE OF FLORIDA:

| I. LS II Land Company, L.L.C. (Name of Foreign Limited Liability Company; must include   | e "Limited Liability Company," "L.L.C.," or "LLC.")  |
|--|--|
| (If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")   | of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability |
| 2. OK 3.   |  |
| (Jurisdiction under the law of which foreign limited liability company is organized)   | (FEI number, if applicable)  |
| 4. 02/14/2001 5.   | Perpetual  |
| (Date of Organization)   | (Durution: Year limited liability company will cease to exist or "perpetual")  |
| 6. Upon Qualification  | 0  |
| (Date first transacted business in Mori<br>(See sections 608.501 & 608.502 F.S. to   | ida, If prior to registration.) o determine penulty liability)  32901  |
| 7. 1825 Riverview Drive, Melbourne, FL   | 32901  |
|  |  |
| (Street Address of   | Principal Office)  |
| 8. If limited liability company is a manager-managed c   | ompany, check here 🗸   |
| 9. The name and usual business addresses of the manag  | ging members or managers are as follows:   |
| Bob Stearns, 1825 Riverview Drive, M   | lelbourne, FL 32901  |
|  |  |
|  |  |
|  |  |
| 10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy it translation of the certificate under eath of the translator must be submi | is not acceptable. If the certificate is in a foreign language, a  |
| 11. Nature of business or purposes to be conducted or p  | promoted in Florida:   |
| own and manage real property   |  |
| ~ ^ \ -  |  |
| (In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjur  |  |
| John Ferguson, Authoria  | zed Representative   |

Typed or printed name of signee

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### 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 Limi  | ted Liability Company is:   |
|--|---|
| LS II Land Compa   | ny, L.L.C.  |
| If name unavailable, the   | alternate name to be used in the state of Florida is:   |
|  |   |
| 2. The name and the Flo  | rida street address of the registered agent and office are:   |
| Palme  | etto Charter Services, Inc.   |
|  | (Name)  |
| 150 M  | agnolia Avenue  |
|  | Florida Street Address (P.O. Box NOT ACCEPTABLE)  |
| Dayton   | a Beach, FL 32114   |
|  | City/State/Zip  |
| liability company at the pa<br>agent and agree to act in<br>relating to the proper and | gistered agent and to accept service of process for the above stated limited lace designated in this certificate, I hereby accept the appointment as registered this capacity. I further agree to comply with the provisions of all statutes complete performance of my duties, and I am familiar with and accept the as registered agent as provided for in Chapter 608, Florida Statutes. |
| (Sig   | nature) John Ferguson, Vice President   |
|  | \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)   |

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oldahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

1 FURTHER CERTIFY that LS II LAND COMPANY, L.L.C. whose registered agent is BOB STEARNS, with its registered office at 912 NW 57TH ST OKC 73118 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Okluhoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 1st, day of November, <u> 200</u>7.

Secretary Of State

M. Gazana Sanzagy