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Cruz Group, LLC

ORIDA/FOREIGN LIMITED LIABILITY CO.

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September 16, 2008

FLORIDA DEPARTMENT OF STATE

BILZIN SUMBERG BAENA PRICE & AXELROD LLP

SUBJECT: CRUZ GROUP, LLC

REF: W08000042918

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: H08000215391 Letter Number: 708A00050286

H080002153913

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:

| Cruz Group, LLC (Name of Foreign Limited Liability Compan | ny; must include "Limited Liability Company," "L.L.C | ," or "LLC.") |
|---|--|-----------------------------------|
| onsent of the managers or managing members ado | for the purpose of transacting business in Florida and a opting the alternate name. The alternate name must incl | |
| Company," "L.L.C.," "L.L.C.") | | |
| Delaware (Aurisdiction under the law of which foreign limit | 3. 20-8838200 | |
| company is organized) | tos minuty (rea number, it applies | inte) |
| September 14, 2006 | 5. Perpetual | |
| (Diete of Organization) | (Duration: Year limited liability comexist or "perpetual") | pany will cease to |
| Upon filing | | |
| (Date first transacted h | usiness in Florids, if prior to registration.) | 98 AL |
| • | : 608.302 F.S. to determine penalty liability) | - 仁岩 |
| 201 Arvida Parkway | | _ |
| Coral Gables, Florida 33156 | | SES SES |
| (Si | creet Address of Principal Office) | PS ≥ U |
| If limited liability company is a manage | π-managed company, check here □ |) 7: 4 STATE ORID! |
| | | |
| | of the managing members or managers are as | |
| William R. Cruz, P.O. Box 43 | 1436, Miami, Florida 33143-1436 | |
| | I | |
| | | |
| | | |
| Attached is an original certificate of existence, no r | more then 90 days old, duly authenticated by the official. h | aving custody of incords |
| e jurisdiction under the law of which it is organized. | (A photocopy is not acceptable. If the certificate is in a fi | |
| relation of the certificate under oath of the translator | rmust be submitted) | |
| . Nature of business or numoses to be or | onducted or promoted in Florida: Any law | iul business |
| | | |
| | | · |
| Wenty | | |
| | er or an authorized representative of a member | |
| an affirmation under the pe | t 608.408(3), F.S., the execution of this document constitutes making of perjury that the facts stated herein are true.) | |
| William R. Cru | | |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FAX:3053747593

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.

| 2. The nam | me and the Florida street address of the registered agent and William R. Cruz | office are: |
|---|--|---|
| | (Name) | C 20 |
| | 201 Arvida Parkway | HASS PARTY |
| | Florida Street Address (P.O. Box NOT ACCEPTAB | SEE SEE |
| | Coral Gables FL 33156 | F STA |
| | City/State/Zip | TATE ORIDA |
| liability con agent and a relating to t | en named as registered agent and to accept service of process ; impany at the place designated in this certificate, I hereby acce agree to act in this capacity. I further agree to comply with the the proper and complete performance of my duties, and I am fo to gry position as registered agent as provided for in Chapter | for the above stated limited pt the appointment as registered provisions of all statutes amiliar with and accept the |

Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 100.00

H080002153913

Delaware

FAX:3053747593

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRUE GROUP, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

080953143

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6850271

DATE: 09-15-08