Page 1 of 1

## Florida Department of State

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#### FLORIDA/FOREIGN LIMITED LIABILITY CO.

CHR Cape Coral LLC

Certificate of Status	0
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J. BRYAN

NOV 1 0 2008

**EXAMINER** 

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY OF TRANSPORT RUSINESS BUTHE STATE OF FLORIDA.

CHR Cape Coral LLC	INIEOF FLORUM:
(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 aftern Company," "L.L.C.," "LLC.")	of transacting business in Florids and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Dolaware 3,	applied for
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. November 5, 2008 5.	perpetual
(Date of Organization)	(Duration, Year limited liability company will cease to exist or "perpetual")
6. 1/2	E E
(Date first trunsacted business in Pfort (See sections 608.501 & 608.502 F.S. to	(da, if prior to registration.) o determine penulty liability)
7. 4445 Willard Avenue, 12th Floor, Chevy Chans, MD 20815	
(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:
WKTM-Florida, LLC, 4445 Willard Avenue, 12th Floor, Che	
10. Attached is an original certificate of existence, no more than 90 da	system of the second state
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under outh of the translation must be submit	ited)
11. Nature of business or purposes to be conducted or p	•
The figures of originals of purposes as as consequents of	
( Buth line)	
Signature of a member or an auti	norized representative of a member.
(In accordance with section 666.408(3), P.S an affirmation under the penalties of perjud	i., the execution of this document constituted y that the facts stated herein are true.)
Carolyn Silva-Quagliato	
Typed or printed a	name of signee

r LOST - CESTROSOF C'T Kyrami Daline

## 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 Limited Liability Company is: CHR Cape Coral LLC	
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 offi	ce are:
CT Corporation System	
(Name)	
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 3333	
City/State/Zip	

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.

C T Corporation System

Marc St. Pierre
Vice President and 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)

PL007 - 06/28/2007 C T System Dailya

# Delaware

PAGE

### The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CERTIFY "CHR CAPE CORAL 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 SIXTH DAY OF NOVEMBER, A.D. 2008.

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

MAGICAL OF CORFORATIONS

4619739 8300

081094804

for may verify this certificate only

Warriet Smile Hinden

Harriet Smith Windson, Secretary of State

AUTRENTICATION: 6952033

DATE: 11-06-08