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MD9-1163

N. CAUSSEAUX
MAR 2 5 2009
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. Compassion Fund of Manatee, LLC (Name of Foreign Limited Liability Company; must include the company).	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.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3.	Not Applicable (FEI number, if applicable)
4. July 30, 2008 5. (Date of Organization)	perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing	Table 8
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 2979 PGA Blvd., Palm Beach Garden	s, FL 33410 🥳 ਨ 근
(Street Address o	f Principal Office)
8. If limited liability company is a manager-managed	company, check here
9. The name and usual business addresses of the mana	ging members or managers are as follows:
The Compassion Fund, Inc.	
2979 PGA Blvd., Palm Beach Garden	s. FL 33410
10. Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	
11. Nature of business or purposes to be conducted or	promoted in Florida: provide non-profit
services	
	horized representative of a member.
(In accordance with section 608.408(3), F. an affirmation under the penalties of perju	S., the execution of this document constitutes ry that the facts stated herein are true.)

Typed or printed name of signee

Sandra L. Adams, Esq., VP and General Counsel

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:	
Compassion Fund of Manatee, LLC	
If name unavailable, the alternate name to be used in the	ne state of Florida is:
2. The name and the Florida street address of the regis	stered agent and office are:
Registered Agent Solutions,	Inc.
(Name)	
155 Office Plaza Drive, Suite	
Florida Street Address (P.O. Bo	NOT ACCEPTABLE)
Tallahassee	
City/Star	te/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.

(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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COMPASSION FUND OF MANATEE, 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 ELEVENTH DAY OF MARCH, A.D. 2009.

FILED

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SECTE LARGE STATE

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AUTHENTICATION: 7181683

DATE: 03-11-09

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