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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 Orange, LL (Name of Foreign Limited Liability Company; m		e "Limited Liability Com	pany," "L.L.C.,	or "LLC.")	_
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company," "L.L.C.," "LLC.")	ne purpose the altern	of transacting business in the alternate n	n Florida and at ame must inclu	tach a copy of the de "Limited Lia	— ne written bility
2. Delaware (Jurisdiction under the law of which foreign limited licompany is organized)	3. lability	Not Applicable (FEI num	ber, if applicat	ole)	_
4. July 31, 2008 (Date of Organization)	5.	perpetual (Duration: Year limited exist or "perpetual")	d liability comp	games for the	0
6. upon filing (Date first transacted busine (See sections 608.501 & 608	ess in Flor .502 F.S. t	ida, if prior to registration to determine penalty liabil	ı.) ity)	MR 24	TILE!
7. 2979 PGA Blvd., Palm Beach G	arden	s, FL 33410		100 P	
8. If limited liability company is a manager-m	anaged c	•			
 The name and usual business addresses of t The Compassion Fund, Inc. 	he mana	ging members or man	agers are as	follows:	
2979 PGA Blvd., Palm Beach G	arden	s, FL 33410			
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A paranslation of the certificate under oath of the translator mu	photocopy	is not acceptable. If the cer			
11. Nature of business or purposes to be condeservices	ucted or	promoted in Florida:	provide r	non-profit	
Signature of a member of (In accordance with section 608 an affirmation under the penaltic	or an autl	horized representative S., the execution of this docu	ment constitutes	er.	_

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 Con	npany is:	
Compassio	n Fund of Orange, l	LLC	
If name unavai	able, the alternate name to	be used in the state of Florida is:	
2. The name a	nd the Florida street address	ss of the registered agent and office are:	99 KAR 2
	Registered Agent	Solutions, Inc.	24 元
		(Name)	
	155 Office Plaza D		D. 31
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	32301 Fi.	
		City/State/Zip	
liability comparagent and agree	ny at the place designated in to act in this capacity. I fur proper and complete perfori	nd to accept service of process for the above in this certificate, I hereby accept the appoint arther agree to comply with the provisions of mance of my duties, and I am familiar with a ent as provided for in Chapter 608, Florida	tment as registered fall statutes and accept the

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00 \$ 5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (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 ORANGE, 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 TWELFTH DAY OF MARCH, A.D. 2009.

FILEU

SECRETARY OF STATE
SECRETARY SEE, FLORIDA

4579847 8300

090190274

AUTHENT CATION: 7182943

DATE: 03-12-09

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