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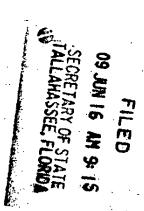


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B. KOHR
JUN 1 7 2009

EXAMINER



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06-16-09

NAME:

VILLAGE AT WESMERE MANAGERS, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: \$125

RETURN:

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section Division of Corporations	5 4
Division of Corporations	Sylve 3
SUBJECT: VILLAGE AT WESMERE MANAGERS, L.L.C.	G.P.
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	Celédicate of ness in Florida
Please return all correspondence concerning this matter to the following:	
THOMAS C. SHAW, ESQ.	
Name of Person	
LEFKOWITZ, SHAW & SENTNER	
Firm/Company	
430 NORTH MILLS AVENUE, SUITE 4	
Address	
ORLANDO, FLORIDA 32803	
City/State and Zip Code	
tshaw@orlandolaw.org	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
To take internation concerning and matter, prease can.	
THOMAS C. SHAW, ESQ. at (407) 425-1974	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section STREET ADDRESS: Division of Corporations Registration Section	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\text{\$\$155.00 Filing Fee & }\text{\$\$\$160.00 Filing Fee, Certified Copy of Status & Certified Copy}	

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

IN COMPILANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "L.L	VILLAGE AT WESMERE MANAGERS, L.L.C.
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC." NEVADA 1. NEVADA 2. NEVADA 3. APPLIED FOR (FEI number, if applicable) (FEI number, if applicable) (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") 6. NOT YET TRANSACTING BUSINESS IN THE STATE OF FLORIDA (Date first transacted business in Florida, if prior to registration.) (See sections 608.50) & 608.502 F.S. to determine penalty liability) 7. 329 N. PARK AVE., STE. 300 WINTER PARK, FLORIDA 32789 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows PAUL M. MISSIGMAN, Manager, 329 N. Park Ave., Ste. 300, Winter Park, FL 32789 W. SCOTT CULP, Manager, 329 N. Park Ave., Ste. 300, Winter Park, FL 32789 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE INVESTMENT AND/OR DEVELOPMENT Signature of a member or an authorized representative of a member. (In accordance with section 608.4083), F.S., the execution of this document constitutes	1. VILLAGE AT WESMERE MANAGERS, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.")
4. MAY 20, 2009 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") 6. NOT YET TRANSACTING BUSINESS IN THE STATE OF FLORIDA (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 329 N. PARK AVE., STE. 300 WINTER PARK, FLORIDA 32789 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows PAUL M. MISSIGMAN, Manager, 329 N. Park Ave., Ste. 300, Winter Park, FL 32789 W. SCOTT CULP, Manager, 329 N. Park Ave., Ste. 300, Winter Park, FL 32789 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under ceth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE INVESTMENT AND/OR DEVELOPMENT Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
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an affirmation under the penalties of perjury that the facts stated herein are true.)	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
THOMAS C. SHAW, ESQ Authorized Rep. Typed or printed name of signee	

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	f the Limited Liability Company is:
	VILLAGE AT WESMERE MANAGERS, L.L.C.
If unavailable, t	the alternate to be used in the state of Florida is:
2. The name an	nd the Florida street address of the registered agent and office are:
	THOMAS C. SHAW, ESQ.
	(Name)
	430 NORTH MILLS AVENUE, SUITE 4
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	ORLANDO, FL 32803
	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.

(Signature)

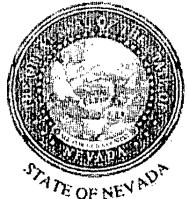
\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, VILLAGE AT WESMERE MANAGERS, L.L.C., as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 20, 2009, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 16, 2009.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20090616-1209
You may verify this electronic certificate
online at http://www.nvsos.gov/