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EXAMINER

SECRETARY OF STATE OF OR NOV 19 AM A: 19



ACCOUNT NO. : I2000000195

REFERENCE: 189407 5011226

AUTHORIZATION :

COST LIMIT

ORDER DATE: November 16, 2009

ORDER TIME: 8:59 AM

ORDER NO. : 189407-005

CUSTOMER NO: 5011226

FOREIGN FILINGS

NAME: SCHRIMSHER INVESTMENTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY ____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

SCHRIMSHER INVESTMENTS CORPORATION

600 East Colonial Drive, Suite 100 Orlando, Florida 32803

November 19, 2009

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Consent to Use of Name - Schrimsher Investments, LLC

Dear Sir or Madam:

The undersigned, J. Steven Schrimsher, President of Schrimsher Investments Corporation, a Florida corporation, document number P96000086295, hereby consents to the use of the name Schrimsher Investments, LLC by the South Carolina limited liability company filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida submitted to the Florida Department of State, Division of Corporations along with this consent. This consent is provided pursuant to Section 608.406(2), Florida Statutes.

SCHRIMSHER INVESTMENTS CORPORATION

J. Steven Schrimsher, President

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 RUSINESS IN THE STATE OF FLORIDA:

| FORE. | IGN LIMITED LIABILITY COMPANY TO TRANSAC | T BUSINESS IN | THE STATE OF FLORIDA: | | |
|--------------------|--|---|--|------------------------|--|
| 1. | Schrimsher Investments, LLC | | | | |
| •• | (Name of Foreign Limited Liability Company | ; must include "L | imited Liability Company", "L.L.C." or "LLC" | , | |
| | | | | | |
| (If name manage | e unavailable, enter alternate name adopted for the purpose of its or managing members adopting the alternate name. The altern | f transacting busin iate name must inc | ess in Florida and attach a copy of the written of the "Limited Liability Company", "L.L C." or "L | consent of the LC") | |
| 2. | South Carolina | 3. | 43-2015442 | | |
| | (Jurisdiction under the law of which foreign limited liability company is organized) | | (FEI number, if applicable) | e)` | |
| 4. | May 20, 2003 | 5. | Perpetual | 0 3 | |
| | (Date of Organization) | | (Duration: Year limited liability company wi Exist or "perpetual") | O C | |
| 6. | Upon qualification | | | | |
| - | (Date first transacted bus | | | | |
| | (See Sections 608.501 & 60 | J8,502 F.S 10 detei | mine penalty hability) | 至 | |
| 7. | 600 East Colonial Drive, Suite 100, O | <u>rlando, Flor</u> | rida 32803 | | |
| | (Street Addre | ess of Principal Of | ice) | | |
| 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: | | | | |
| | NAME/TITLE | | ADDRESS | | |
| | J. Steven Schrimsher, Manager | | 600 East Colonial Drive, Suite 100 Orlando, Florida 32803 | 0 | |
| | Frank L. Schrimsher, Manager | | 600 East Colonial Drive, Suite 100 Orlando, Florida 32803 | 0 | |
| | Michael A. Schrimsher, Manager | | 600 East Colonial Drive, Suite 100 | 0 | |
| | , , | | Orlando, Florida 32803 | | |
| 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 no acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) | | | | |
| 11. | Nature of business or purposes to be conducted | ed or promoted | in Florida: | | |
| | Any lawful act or activity which may | | · · · · · · · · · · · · · · · · · · · | | |
| | (Signature of a member or an authorized representance with Section 608.408(3), F.S., the execution of an affirmation under the penalties of perjury that the facts sta | of this document co | nstitutes | | |
| | J. Steven Schrimsher | | | | |
| | 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.

| ι. | The name of the Limited Liability Company is: | | | |
|---|--|--|--|--|
| | Schrimsher Investments, LLC | | | |
| If unav | ilable, the alternate to be used in the State of Florida is: | | | |
| 2. | The name and the Florida street address of the registered agent and office are: | | | |
| | J. Steven Schrimsher | | | |
| | (Name) | | | |
| | 600 East Colonial Drive, Suite 100 | | | |
| | Florida Street Address (PO Box NOT acceptable) | | | |
| | Orlando, FL 32803 | | | |
| | City/State/Zip | | | |
| compa act in t perforr provide | been named as registered agent and to accept service of process for the above stated limited liability at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to is capacity. I further agree to comply with the provisions of all statutes relating to the proper and complet ance of my duties, and I am familiar with and accept the obligations of my position as registered agent of for in Chapter 608, Florida Statutes. (Signature) The provision of the proper and complete the obligations of my position as registered agent of the proper and complete the obligations of my position as registered agent of the proper and complete the obligations of my position as registered agent of the proper and complete the obligations of my position as registered agent of the proper and complete the obligations of my position as registered agent of the proper and complete the obligations of my position as registered agent of the proper and complete the obligations of my position as registered agent of the proper and complete the obligations of my position as registered agent of the proper and complete the obligations of my position as registered agent of the proper and complete the p | | | |

\$100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SCHRIMSHER INVESTMENTS, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 20th, 2003, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of November, 2009.

Mark Hammond, Secretary of State