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Office Use Only



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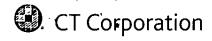
DEFACTIVE THE STATE OF COMPOSATIONS
OF COMPOSATIONS
TALLANCESEE FLORIDA

B. KOHR

FEB - 8 2010

EXAMINER





1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615_fax www.ctlegalsolutions.com

February 4, 2010

10 FEB - L PH 3: 05

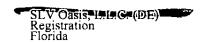
Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7760548 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com February 4, 2010

10 FEB - 4 PH 3: 05

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7760548 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

SLV Oasis, L.L.C. (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com

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

IN COMPL LIMITED LL	IANCE WITH SECTION 608.503, FLOR ABILITY COMPANY TO TRANSACT BUS	RIDA STATUTES, THE I	FOLLOWING IS SUBMITTED TO REGISTER A FORI OF FLORIDA:
	•	•	
1. SLV Oasis, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC."			
	•		
onsent of t			sacting business in Florida and attach a copy of the wr ne. The alternate name must include "Limited Liability
	DE on under the law of which foreign limi	3.	Applied For
(Jurisdict	ion under the law of which foreign limi is organized)	ted liability	Applied For (FEI number, if applicable)
	02/01/2010	5	Perpetual
	(Date of Organization)	(Dura exist	Perpetual ation: Year limited liability company will cease to or "perpetual")
	(Date first transacted b (See sections 608.501 &	usiness in Florida, if pr. 608.502 F.S. to determ	ior to registration.) nne penalty liability)
201 Nort	th Franklin Street, Suite 2200		<u></u>
Tampa,	FL 33602	reet Address of Principa	al Office
	•		
If limite	ed liability company is a manage	r-managed company	y, check here
The nar	me and usual business addresses	of the managing me	embers or managers are as follows:
Stephen	Kussner 201 North Franklin Street, St	ite 2200, Tampa, FL 33	3602
jurisdiction		(A photocopy is not acco	uly authenticated by the official having custody of record eptable. If the certificate is in a foreign language, a
. Nature	of business or purposes to be co	nducted or promote	ed in Florida: any lawful purpose
			<i></i>
		Juan Cl	£:/
		/ T T T T T T T T T T T T T T T T T T T	
	Signature of a member	er or an authorized a	representative of a member.
	(In accordance with section	608.408(3), F.S., the exec	representative of a member.
	(In accordance with section an affirmation under the per	608.408(3), F.S., the exec	ution of this document constitutes

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:			
SLV Oasis, L.L.C.			
If unavailable, 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:			
. C T Corporation System			
(Name)			
1200 South Pine Island Road			
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Plantation FL 33324			
City/State/Zip			
daving been named as registered agent and to accept service of process for the above stated limited iability company at the place designated in this certificate, I hereby accept the appointment as register gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes elating to the proper and complete performance of my duties, and I am familiar with and accept the bligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. C T Corporation System			
Madonna Cuddihy Special 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)			

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SLV OASIS, L.L.C." 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 SECOND DAY OF FEBRUARY, A.D. 2010.

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

4783811 8300

100094761

my verify this certificate online

AUTHENTY CATION: 7791859

DATE: 02-02-10