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PICK-UP	☐ WAIT	MAIL
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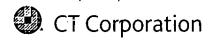
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B. KOHR
FEB-8 2010
EXAMINER





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

February 4, 2010

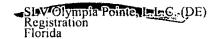
Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 10 FEB - U PH 3: 05

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

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 10 FEB - L PH 3: OF

Re: Order #: 7760548 SO

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

Dear Department of State, Florida:

Please obtain the following:

SLV Olympia Pointe, 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

	TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		1.0
SLV Olympia Pointe, L.L.C. (Name of Foreign Limited Liability Company, "wL.L.C.," or "LL.C.," or "LL.			ed lightlity Company "" C" or of [C"]
(11001	to of totalgrammed Embling Compa	mry, must merade Emm	ed blacking Company, D.D.C., of DDC. /
iame una ient of th	avallable, enter alternate name adopted	I for the purpose of trans	acting business in Florida and attach a copy of e. The alternate name must include "Limited L
npany," '	"L.L.C," "LLC.")	obring me anemate nam	e. The anchiate name must include Dimited D
	,		
Timber Start	DE on under the law of which foreign lim	3.	Applied For (FEI number, if applicable)
ompany i	on under the law of which foreign lim is organized)	uted liability	(FEI number, if applicable)
	02/01/0010		
	02/01/2010 (Date of Organization)	5	Perpetual tion: Year limited liability company will cease
	(Date of Organization)	(Dura exist	tion: Year limited liability company will cease or "perpetual")
			• • •
	(Date first transacted t		
	(See sections 608,501 &	608.502 F.S. to determ	ine penalty liability)
001 321	•		•
201 Norti	h Franklin Street, Suite 2200		
T 1	Er 22/02		
Tampa, I			
	76	treet Address of Principal	I Office)
	(Si	treet Address of Principa	al Office)
	(Si		
	(So		
If limite	(Sind liability company is a manage	er-managed company	
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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 Olympia Pointe, 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			
liability company agent and agree t relating to the pro obligations of my	ed as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as register o act in this capacity. I further agree to comply with the provisions of all statutes oper and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes.			
By had	(Signature) 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 OLYMPIA POINTE, 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.

4783846 8300

100094943

5 G.W.

DATE: 02-02-10

AUTHENTICATION: 7791883

You may verify this certificate online at corp. delaware. gov/authwar. shimi