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EXAMINER

DIVISION OF CORPORATIONS

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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

Re: Ore

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



Re: Order #: 7760548 SO

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

Dear Department of State, Florida:

Please obtain the following:

SLV Twin Lakes, 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 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: SLV Twin Lakes, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 02/01/2010 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 201 North Franklin Street, Suite 2200 Tampa, FL 33602 (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: Stephen Kussner 201 North Franklin Street, Suite 2200, Tampa, FL 33602 10. Attached is an original certificate of existence, no more than 90 days old, duly anthenticated 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member of an authorized representative of a member. (In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Jerome Silvey

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	the Limited Liability Company is:
	SLV Twin Lakes, L.L.C.
If unavailable, th	ne alternate to be used in the state of Florida is:
2. The name and	I 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 to 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 of act in this capacity. I further agree to comply with the provisions of all statutes per 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: V Val	Madonna Cuddihy
	(Signature) Special Assistant Secreta
	\$ 100.00 Filing Pee 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 TWIN LAKES, 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.

4783712 8300

100094132

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

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7791806

DATE: 02-02-10