# M1000000530

(Re	questor's Name)	
· (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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XAMINER



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 - L PH 3: 03

Re:

Order #: 7760548 SO

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

Dear Department of State, Florida:

Please obtain the following:

SLV Caney Branch, LLC (DE) Registration Florida

SLV Magail, 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 February 4, 2010

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

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ONE CONFERENCE ON STATIONS

Sincerely,

Freddy Morales Corporate Operations Mgr. freddy.morales@wolterskluwer.com OFTO LEASON ON 3: 03

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

1. SLV Caney Branch, L.L.C.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
(Nam	e of Foreign Limited Liability Compan	y; must include "Limite	.C. ad Liability Company," "L.L.C.," or "LLC.")	
•		•		
consent of th			acting business in Fiorida and attach a copy of the wro. The alternate name must include "Limited Liability	
),	DE	3	Applied For	
	DE on under the law of which foreign limit is organized)	ed liability	( FEI number, if applicable)	
•	02/01/2010	5	Perpetual ion: Year limited liability company will cease to	
	02/01/2010 (Date of Organization)	(Durat exist o	ion: Year limited liability company will cease to r "perpetual")	
·				
	(Date first transacted by (See sections 608.501 &	isiness in Florida, if pri 608.502 F.S. to determi	or to registration.) ne penalty liability)	
201 Nort	h Franklin Street, Suite 2200	•	•	
20111011	i i i i i i i i i i i i i i i i i i i			
Tampa, l	FL 33602			
	(Str	eet Address of Principa	l Office)	
. If limite	ed liability company is a manager	-managed company	r, check here	
. The nan	ne and usual business addresses o	of the managing me	mbers or managers are as follows:	
Stenhen	Kussner 201 North Franklin Street, Su	ite 2200, Tampa, FL 33	602	
<u> </u>				
). Attached	is an original certificate of existence, no m	iore than 90 days old, dui	ly authenticated by the official having custody of record	
e jurisdiction	n under the law of which it is organized. (	(A photocopy is not acce	ptable. If the certificate is in a foreign language, a	
1.4	the certificate under eath of the translator i	must be submitted.)		
nsiation of	of business or purposes to be cor	nducted or promote	d in Florida:any lawful purpose	
	or ousiness or purposes to be con			
	or ourness or purposes to be con	······································	1	
	or ousniess or purposes to be con		<i>J.</i>	
	or dusiness or purposes to be con	Jeon C/	4	
	Signature of a membe	ropan authorized r	epresentative of a member.	
	Signature of a member	r or an authorized r	tion of this document constitutes	
	Signature of a member (In accordance with section of an affirmation under the pen	r or an authorized r	tion 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 Caney Branch, 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				
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.  C T Corporation System				
Ballonna Cuddihy				
(Signature) 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

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SLV CANEY BRANCH, 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 FIRST DAY OF FEBRUARY, A.D. 2010.

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

4783872 8300

100095102

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

Jeffrey W. Bullock, Secretary of State AUTHENTY CATION: 7791753

DATE: 02-01-10