

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001153003)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

; C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Proceil	Addzess:			

Foreign Limited Liability Company Hewden Holdings, LLC

Certificate of Status	0		
Certified Copy	Û		
Page Count	05		
Estimated Charge	\$125.00		

C. LEWIS

MAY 1 3 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608.303, FLOREDA SIXTUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HEWDEN HOLDINGS, LLC

Company," "L.L.C.," "LLC.")	ing the alternate name. The alternate name must include "Limited Liabil" 27-2552042
2. DELAWARE	3.
(Jurisdiction under the law of which foreign limited company is organized)	d liability (PEI number, if applicable)
APRIL 27, 2010	5 PERPETUAL
(Date of Organization)	(Duration: Year limited Hability company will cease to exist or "perpenual")
UPON QUALIFICATION	
(Date first transacted busin (See sections 608.501 & 608	iness in Florida, if prior to registration.) 08.502 P.S. to determine penalty liability)
5200 TOWN CENTER CIRCLE	E, SUITE 600
BOCA RATON, FL 33486	
(Street	x Address of Principal Office)
. If limited liability company is a manager-m	managed company, check here
. The name and usual business addresses of t	the managing members or managers are as follows:
SUN HEWDEN, LLC	
5200 TOWN CENTER CIRCLE,	E, SUITE 600
BOCA RATON, FL 33486	
	re than 90 days old, duly authenticated by the official having custody of reco photocopy is not acceptable. If the certificate is in a fincign language, a ust be submitted.)
1. Nature of business or purposes to be condu	lucted or promoted in Florida: ANY AND ALL LAWFU
PURPOSES	
() - 7	ALLO
Da Ody	duce or an authorized representative of a member.
Signature of a member of the accordance with section 608.	or an authorized representative of a member. 408(3), P.S., the execution of this document constitutes is of perjuty that the facts stated haveln are true.)

Typed or printed name of signes

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.

N HOLDINGS, LLC		
available, the alternate name to be used in the	e state of Florida is:	
ne and the Florida street address of the registe	ered agent and office are:	THE TIES
CT CORPORATION SYSTEI	TARYER LIZ #	
	STATE STATE	
PLANTATIONFL	33324	<u> </u>
2	create and the Florida street address of the register (Nume) 1200 SOUTH PINE ISLAND Florida Street Address (P.O. Box	evailable, the alternate name to be used in the state of Florida is: the and the Florida street address of the registered agent and office are: CT CORPORATION SYSTEM (Nume) 1200 SOUTH PINE ISLAND ROAD Florida Street Address (P.O. Box NOT ACCEPTABLE)

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.

Assistant Becommy Pipes
Assistant Pipes
Assistant Pipes

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

Delaware

DACP

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEWDEN HOLDINGS, LLC" 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 TWELFTH DAY OF MAY, A.D. 2010.

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

4816684 8300

100498631

AUTHENTY CATION: 7988526

DATE: 05-12-10

You may verify this certificate onling at cosp.delaware, gov/authvar.shtml