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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUN 2 3 2010

EXAMINER

### **COVER LETTER**

· · · • 5.

	Registration Section Division of Corporations
SUBJEC	SDI Pelican Point LLC
	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please re	turn all correspondence concerning this matter to the following:
	Renea Anderson
	Name of Person
	CDI Policem Point I I C
	SDI Pelican Point LLC Firm/Company
	• •
	5105 DTC Parkway, Suite 240
	Address
	Greenwood Village, CO 80111
	City/State and Zip Code
	randerson@sdi-us.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Renea Anderson <sub>at (</sub> 720 <sub>)</sub> 482-7707
	Name of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	ed is a check for the following amount:
[	\$125.00 Filing Fee \$\ \tag{\$130.00 Filing Fee & \tag{\$155.00 Filing Fee & \tag{\$160.00 Filing Fee, Certificate } \text{Certified Copy} }\]  Certificate of Status & Certified Copy

## 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 RUSINESS IN THE STATE OF FLORIDA:

1.	SDI Pelican Point LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
2.	Colorado 3. 27-0506818  (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	July 8, 2009  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon qualification  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	5105 DTC Parkway, Suite 240
	Greenwood Village, CO 80111  (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:
	Gary L. Hunter, Manager c/o SDI, Inc.  5105 DTC Parkway, Suite 240
	Greenwood Village, CO 80111
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Investments
	Signature of a member or 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.)

Gary L. Hunter
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	f the Limited Liability Company is:	
	SDI Pelican Point LLC	
If unavailable, t	the alternate to be used in the state of Florida is:	
2. The name an	nd the Florida street address of the registered agent and office are:	
	NRAI Services, Inc.	
	(Name)	
	2731 Executive Park Drive, Suite 4	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Weston, FLF	
	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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE DIVISION OF CORPORATIONS

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

#### SDI Pelican Point, LLC

is a Limited Liability Company formed or registered on 07/08/2009 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20091364219.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/11/2010 that have been posted, and by documents delivered to this office electronically through 06/16/2010 @ 09:56:22.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 06/16/2010 @ 09:56:22 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7674825.



Janie Jusscher

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <a href="http://www.sos.state.co.us/click Business Center and select">http://www.sos.state.co.us/click Business Center and select 'Frequently Asked Questions."</a>