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EXAMINER

JECRETARY OF STATE
JUSTICE OF CORPORATIONS



1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel 850 878 5368 fax www.ctlegalsolutions.com

October 19, 2010

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

Re:

Order #: 7973477 SO

Customer Reference 1: 34308-1 Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

13620 Perdido Key Drive, LLC (OH) 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,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@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: 13620 Perdido Key Drive, LLC (Name of Potelgn 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 atternate name must include "Limited Liability Company," "L.L.C," "L.L.C.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) June 3, 2010 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") σ. <u>N/</u>A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7, 500 Indian Trail Cincinnati, Ohio 45243 (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: Sandra E. Laney 500 Indian Trail Cincinnati, Ohio 45243 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated 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 morstation of the certificate under onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Real estate ownership and operation. 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.)

SANDRA E. LANEY
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 Comp | any is: | |
|--|---|--|
| 13620 Perdido Key Drive, LLC | | |
| If anavnilable, the alternate to be used in the | e state of Florida is: | |
| 2. The name and the Florida street address | of the registered agent and office are: | |
| CT C | orporation System | |
| | (Name) | |
| 1200 \$ | S. Pine Island Road | |
| Florida Street Add | ress (P.O. Box <u>NOT</u> acceptable) | |
| Planta | ation Ft 33324 | |
| | City/State/Zip | |
| liability company at the place designated in ti agent and agree to act in this capacity. I furti- relating to the proper and complete performa | to accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes nee of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes. Connie Bryan Assistant Secretary | |
| | · | |
| \$ 100.00 \$ 25.00 | Filing Fee for Application Designation of Registered Agent | |

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show 13620 PERDIDO KEY DRIVE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1941588, was organized within the State of Ohio on June 03, 2010, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of October, A.D. 2010

Ohio Secretary of State

Validation Number: V20102860920AA