# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

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

| 10 - n 4 1 | Address: |  |  |  |
|------------|----------|--|--|--|
| L-MAILL    | Augress. |  |  |  |

## Foreign Limited Liability Company UH - Pompano, LLC

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

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DEC 3 0 2010 N. Culligan

### COVER LETTER

| TO:                  | Registration Section<br>Division of Corporation    | ions   |                  |
|----------------------|--|--|------------------|
| SUBJE                | CT: UH-Pompano, LI                                 | ıc   |                  |
|                      |  | Name of Limited Liability Coropeny   |                  |
| The end<br>Existence | lozed "Appliestion by I<br>so, and check are submi | Poreign Limited Liability Company for Authorization to Transact Business in Florida," Certific itted to registor the above referenced fureign limited Hability company to transact business in F | ate of<br>lorida |
| Picaso re            | erran er conselion gene                            | se concerning this matter to the following:  |                  |
|                      | Kevin Urgo   |  |                  |
|                      |  | Name of Person   |                  |
|                      | Donald J. Urg                                      | go & Ansociatos  |                  |
|                      |  | Finn/Company   |                  |
|                      | 4707 Elm Stre                                      |  |                  |
|                      |  | Address  |                  |
|                      | Betherde, MD                                       | 20814  |                  |
|                      |  | City/State and Zip Code  |                  |
|                      | kovin.kryn@uz                                      | <u> </u>   |                  |
|                      | <del></del>  | R-mail address: (to be used for future annual report notification)   |                  |
| For furth            | er information concern                             | ring this matter, please call:   |                  |
| 1                    | Kovin Urgo   | BE ( 301 ) 657-2130  |                  |
| •                    | Nem  | a of Person Area Code & Daytime Telephone Number   |                  |
| 1                    | MAIT ING ADDRESS Division of Corporation           | nts Division of Componitions   |                  |
|                      | Registration Section<br>P.O. Box 6327              | Registration Section.<br>Clifton Building  |                  |
| 7                    | Callahusuce, FL 32314                              |  |                  |
| Enclose              | d is a check for the                               | following amount:  |                  |
| U,                   | 1(25.00 Filing Fee                                 | S130.00 Filing Fee & S135.00 Filing Fee & S160.00 Filing Fee, Cartificate of Status & Cartified Copy   |                  |

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

IN COMPLIANCE WITH SECTION GOLSTS, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECISIER A FOREIGN

| 44 | MHIBOLAHBITY COMPANY TO TRANSACT BUSINESS IN THE STAIS OF FURIDA:  |        |
|----|--|--------|
| 1. | UH-Pomptoo, LLC  |        |
|    | (Name of Foreign Limited Lightlity Company; must include "Limited Lightlity Company," "L.L.C.," or "L.C.")   |        |
|    | ·  |        |
| Œ  | I name markilable, enter alternate name adopted for the purpose of transacting business in Famile and attack a copy of the wri   | tten   |
|    | magni of the managers or managing mambers snopting the altrensts name. The alternsts name must lackade "Limited Liability  |        |
|    | ompany," T.L.C." "ILC.")   |        |
| 2, | Delaware 3.  |        |
|    | (Intradiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   |        |
|    | · · · · · · · · · · · · · · · · · · ·  |        |
| 4. | 12/21/2010 5. December 31, 2060  |        |
|    | (Dute of Organization) (Duration: Year limited liability company will cease to exdet or "perpetual")   |        |
| _  | 2/8  | 10 DEC |
| D. | (Date first transacted business in Florida, if prior to registration.)   | 絽      |
|    | (See actions 608.501 & 608.502 P.S. to determine penalty liability)  | C      |
| 7. | 4707 Rim Street  | 29     |
| •• |  | 7      |
|    | Bethesda, MD 20814   |        |
|    | (Street Address of Principal Office)   | ထ္     |
| R  | If limited liability company is a manager-managed company, check here  | ~      |
| ٥, | Tringer mortel odrafuel, was remaining consider commitment, and the Elli   | -      |
| 9. | The name and usual business addresses of the managing members or managers are se follows:  |        |
|    | WMM  |        |
|    | UHP-Mantger, LIC   |        |
|    | 4707 Blox Street   |        |
|    |  |        |
|    | Hethordu, MD 20814   |        |
|    |  |        |
| 10 | ). Attached is an original cartificate of existence, no more than 90 days old, duly sufficient by the official having custody of record<br>of ministricin under the law of which it is original at (A phonocopy is not acceptable. If the certificate is in a funique language, a  | 6 M 1  |
|    | respice of the collision responsibility of the construction of the construction of the collision of the coll |        |
|    | •  |        |
| 11 | Nature of business or purposes to be conducted or promoted in Florida: Ownership, operation and  |        |
|    | menagement of real estate and house and for any other ancillary purpose permitted by law.  |        |
|    |  |        |
|    | By M. Ulgo   |        |
|    | 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  |        |
|    | pensities of pudgry that the facts stated havein are true. I san aware that may falso information submitted in a<br>document to the Department of State constitutes a third degree falous as provided for in \$.817.155, F.S.)   |        |
|    | The state of the s |        |
|    | Typed or printed name of signoe  |        |
|    | There of luminor mans of offices   |        |

#### 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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name    | of the Limited Linbility                         | Company is:                                   |             |                                     |
|----------------|--|---|-------------|-------------------------------------|
| UH-Pampano,    | rtc  |   |             |                                     |
| lf unavailabie | s, the alternate to be used                      | in the state of Plorida is:                   | <b></b> -   | Ald.                                |
| 2. The name    | and the Floride street ad                        | dress of the registered agent and office are: |             | SECRETARY<br>SIGN OF C<br>10 DEC 29 |
|                | C T Corporation System                           |   |             | <u> </u>                            |
|                |  | (Name)  | <del></del> | <b>全</b> 温彩                         |
|                | (200 South Pine Island Re                        | oad.  |             | <b>99</b>                           |
|                | Florida Street Address (F.O. Box NOT ACCEPTABLE) |   |             | 24 Tion                             |
|                | Plantarion                                       | FL 13324                                      | <b>,</b>    |                                     |
|                |  | (Studiental 2) a                              |             |                                     |

Having been maned as registered agent and to accept service of process for the above stated limited liability company at the place designated in this corrificate, 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.

CT Corporation System

Vice President

C T Componetion System Ilmens Fernancez
Vice President
and Assistant Secretary
(Signature)

5 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)
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 "UH-POMPANO, 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 TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2010.

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

4917619 8300

101225506

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

Jeffrey W. Bullock, Socretary of State

DATE: 12-28-10