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To:

Division of Corporations

Pax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 SECRETARY OF STATE

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

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#### Foreign Limited Liability Company Pyramid Plantation Management LLC

Certificate of Status0Certified Copy0Page Count04Estimated Charge\$125.00

C. LEWIS

JAN 1 2 2011

EXAMINER

RECEIVED

11 JAN 11 PM 2: 59
SECRETARY DE STATE
ALARASSEE, FLORID

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

LL	MITED LIABILITY COMPANY TO	) TRANSACT BUSINESS IN THE	STATE OF FLORIDA:		
1.	Pyramid Plantation Manageme				
	(Name or Poreign Limage	Liability Company; must inch	ide "Limited Liability Company," "L.L.C.," or	"LLC.")	
CO			se of transacting business in Florida and attach mate name. The alternate name must include "I		3
2.	Delaware	3	27-4314816		
	Jurisdiction under the law of w company is organized)	hich foreign limited liability	(FSI number, if applicable)		
4.	December 20, 2010	5	perpetual	·	
	(Date of Organiz	ation)	(Duration: Year limited liability company vexist or "perpetual")	vill cease to	
6.	January 1, 2011				
		first transacted business in Flocations 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)		
7.	One Post Office Square, Suite	3100, Boston, MA 02109			
		(Street Address	of Principal Office)	<del></del>	
		•	· · · · · · · · · · · · · · · · · · ·		
8,	If limited liability compar	y is a manager-managed	company, check here X	ZAL SE	
9.	The name and usual busin	ess addresses of the mana	nging members or managers are as follow	ZOII JAN II	
	Richard M. Kelteher	One Past Office Sq	uare, Sulte 3100, Boston, MA 02109	SSA	
	Warren Q. Fields	One Post Office Sq	uare, Suite 3100, Boston, MA 02109	10 A	:
	James R. Dina	One Post Office Sq	uare, Suite 3100, Boston, MA 02109	E. FLOR	ļ
10.	Attached is an original certificate	of existence, no more than 90 d	ays old, duly authenticated by the official having o	ustody of records in	3
	unisdiction under the law of whi station of the certificate under on		is not acceptable. If the certificate is in a fixeign litter()	augnasc' a	
	Nature of business or pur		•		
	To deliver hotel management, o	` \ /		<del></del>	
_	, v doi: 10 10 10 10 10 10 10 10 10 10 10 10 10			1	
	Dianat				
			horized representative of a member. tion of this document constitutes an affirmation unde	r the	
	penalties of perjury !	that the facts stated beggin are true	. I am aware that any false information submitted third degree felony as provided for in s.817.15	ed ip a	
	ADAMININ IA MID TA	MARIEN P. 7)2	ld5		
	<del></del>	Typed or printed a	name of signee		

GSDOCS 2035238

## 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 Limite Pyramid Plantation Management		
If unavailable, the alternau	e to be used in the state of Florida is:	
2. The name and the Plorie	da street address of the registered agent and office	<u>.</u>
CT Corporat	ion System	2011 JAN TAREART
	(Name)	PRE I
1200 South P	ine Island Road	TARYO
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	79 3
Plantation	FL 33324	TATE LORIDA
<del></del>	City/State/Zip	OF N

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 618. Registered Equation System

Vice President

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "PYRAMID FLANTATION MANAGEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2011.

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

4915537 8300

110029535

You may verify this pertitionts ouline at corp. delaware. cov/authwer.shtml

Juffrey W. Bullack, Socretary of State

THENTICATION: 8484808

DATE: 01-10-11