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110	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092	STATE LORID,	ල: සි	C

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#### Foreign Limited Liability Company be Golf LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

D. BRUCE

FEB 2-1 2011

EXAMINER

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopt consent of the managers or managing members a Company," "L.L.C," "LLC.")	ed for the purpose of adopting the alternal	If transacting business in Florida and attach a copy of the te name. The alternate name must include "Limited Liabi	written lity	
2. Delaware	3.		_	
(Jurisdiction under the law of which foreign li company is organized)	miled manuty	(PEI number, if applicable)		
4. January 25, 2011	5, <u>1</u>	Perpetual	_	
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	_	
6. Upon the date of filing		_		
(Date first transacte	d business in Florid & 608.502 F.S. to	s, if prior to registration.) determine penalty liability)	-	
7. c/o Carmen Llano, 201 Alhambra	Circle - Suite 9	01 <u>P</u> c-	_	
Coral Gables, FL 33134		LAD CAR	7	***
	(Street Address of)	Principal Office)	FE8	-
8. If limited liability company is a mana	ger-managed co	m <sub>o</sub>	18 AH	
			-	
9. The name and usual business address	es of the managi	ng members or managers are as follows:		
<ol> <li>The name and usual business address</li> <li>Elisa Serramia - Manager/Membe</li> </ol>		2₹	င္သ	
Elisa Serramia - Manager/Membe	r - Address sar	me as 7 above RHA	Ö	
	r - Address sar	me as 7 above RHA	Ö	
Elisa Serramia - Manager/Membe G-Power Good Power Inc Mem	r - Address sar iber - Address	me as 7 above	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	C
Elisa Serramia - Manager/Membe G-Power Good Power Inc Mem 10. Attached is an adejustic actificate of columns, n	r - Address sar aber - Address : Amorettan 90 days of ad (Aphatoney's no	ne as 7 above  same as 7 above  d, duly subenticated by the official having custody of records in	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	
Elisa Serramia - Manager/Membe G-Power Good Power Inc Mem 10. Attached is made including a confidence of constants, in the principle of constants and other included is preparate.	ar - Address san	same as 7 above  diduly authenticated by the official having custody of records in tecoephable. If the confidence is in a foreign language, a	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	
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Elisa Serramia - Manager/Membe G-Power Good Power Inc Mem  10. Attached is an original confidence of cristmen, in the purishing under the law of which it is original translation of business or purposes to be permitted under the laws of the Sta	concrete 90 days of Aphrocopy is not be presented or promote of Florida	same as 7 above  diduly authenticated by the official having custody of records in tecoephable. If the confidence is in a foreign language, a	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	

Elisa Serramia - Manager/Member

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	Company is:	
be GOLF LLC		
If unavailable, the alternate to be used	in the state of Florida is:	
2. The name and the Florida street ac	ldress of the registered agent and office are:	SECTION SECTION
CT Corporation Sys	stem (Name)	EB 18
1200 South Pine Is	and Road - Suite 250	iii ≨ iiii
Florida Str	oct Address (P.O. Box <u>NOT</u> ACCEPTABLE)	<b>G: 39</b> STATE LORIDA
Plantation	FL 33324 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)

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO SEREBY CERTIFY "BE GOLF 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 EIGHTEENTH DAY OF FEBRUARY, A.D. 2011.

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

AUTHENTACATION: 8569997

DATE: 02-18-11