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EXAMINER



CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 **CONTACT:** KATIE WONSCH DATE: 05/05/2011 **REF. #:** 000928.147562 CORP. NAME: L-5 INVESTMENTS II, LLC () ARTICLES OF INCORPORATION () ARTICLES OF DISSOLUTION () ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () ANNUAL REPORT (XX) FOREIGN QUALIFICATION () LIMITED LIABILITY () LIMITED PARTNERSHIP () WITHDRAWAL () MERGER () REINSTATEMENT () CERTIFICATE OF CANCELLATION () OTHER: STATE FEES PREPAID WITH CHECK# 539431 FOR \$ 155.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$___ PLEASE RETURN: (XX) CERTIFIED COPY () PLAIN STAMPED COPY () CERTIFICATE OF GOOD STANDING () CERTIFICATE OF STATUS

Examiner's Initials

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:

1	L-5 INVESTMENTS II, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.")					
••.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LUC.")					
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")					
2.	DELAWARE 3.					
(DELAWARE Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)					
4.	5.3.2011 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to					
••	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
б.						
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	Horwood Marcus & Berk, Chartered, Attn: Sean D. Auton					
	500 W. Madison St., Ste. 3700, Chicago, IL, 60661 (Street Address of Principal Office)					
	(Street Address of Principal Office)					
8.	If limited liability company is a manager-managed company, check here					
9.	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:					
	ROBERT LEONARD Horwood Mercus & Berk Chartered, Aftrc Seen D. Auton, 500 W. Madison St., Str 3700, Chicego, IL 80981					
	ROSEMARY LEONARD Horwood Marcus & Berk Chartered, Attn: Sean D, Auton, 500 W, Madison St., Sta 5700, Chicago, IL 60661					
10	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a					
	s jurismation of the certificate under oath of the translator must be submitted.)					
11	. Nature of business or purposes to be conducted or promoted in Florida:					
	OWN AND MANAGE REAL ESTATE					
	and the state of t					
	Signature of a member or an authorized representative of a member.					
	(in accordance with section 502.408/3), F.S., the execution of this document constitutes					
	an affirmation under the penalties of perjuty that the facts stand herein are true.)					
	ROBERT LEONARD, MANAGER Typed or printed pages of signes					

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 Lial	bility Compa	any is:				
		L-5 INVES	STMENTS II.	LLC			
If unavailable	the alternate to be	e used in the	state of Florida i	s:			
2. The name	and the Florida str	eet address o	of the registered a	gent and office are	,		
	NRAI Services,	Inc					
			(Name)				
	515 East Park Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)						
	, (3.		200 (c. 101. 2011. 17. 27.	,,			
	Tallahassee		FL City/State/Zip	32301			
liability compa agent and agr relating to the abligations of NRAI Service	any at the place des see to act in this cap proper and comple my position as regi	signated in the acity. I furth ate performant istered agent	nis certificate, I he her agree to comp nce of my duties, c as provided for in	f process for the abo reby accept the app ly with the provision and I am famillar wi n Chapter 608, Flori	ointment as registered ns of all statutes ith and accept the		
-C/A 0/	1000	\$ 100,00	Filing Fee for A	Application			
		\$ 25.00	Designation of	Registered Agent			
		\$ 30.00 \$ 5.00		(optional) Status (optional)			

Delaware

PAGE I

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HERBY CERTIFY "L-5 INVESTMENTS II, 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 FIFTH DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "L-5 INVESTMENTS II, LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2011.

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

4977348 8300

110496623

DATE: 05-05-11

AUTHENTICATION: 8740808

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