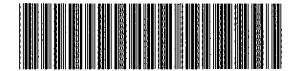
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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DEPARTMENT OF STATE OF STATE OF CURPORATIONS

TALL MASSEE, FLORIDA

B. KOHR

MAY - 5 2011

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. #: 000928.147561

CORP. NAME: L-5 INVESTMENTS I, LLC

THEY -S PH 3: 45

(XX) FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY	
() REINSTATEMENT	() MERGER	() WITHDRAWAL	
() CERTIFICATE OF CANCELLATIO	N		
() OTHER:			
STATE FEES PREPAID W	лт н снеск # <u>539 (</u>	730 FOR \$ <u>155.00</u>	
AUTHORIZATION FOR A	ACCOUNT IF TO BE DEB	ITED:	
	COST	LIMIT: \$	
PLEASE RETURN:			
(XX) CERTIFIED COPY	() CERTIFICATE OF GOOD	STANDING () PLAIN STA	MPED COPY
() CEDTIFICATE OF STATUS			

() TRADEMARK/SERVICE MARK () FICTITIOUS NAME

Examiner's Initials

() ANNUAL REPORT

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

IN LIN	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L-5 INVESTMENTS I, LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
1	1-5 INVESTMENTS LLLC
••	(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written and include "Limited Liability of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability of the managers" "L.L.C," "LLC.")
2	DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
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")
6.	
	(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)
	(Silect Addiess of Thiospat Othice)
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:
	ROBERT LEONARD Howard Marcus & Bark Chartered, Attr. Sean D. Auton, 500 W. Madison St., Ste 9700, Chicago, IL 60681
	ROSEMARY LEONARD Horwood Marcus & Berk Chartened, Attr: Soun D. Aldon, 500 W. Medison St., Ste 5700, Chicago, IL 60881
đх	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under cath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	OWN AND MANAGE REAL ESTATE
	Gillast Land
	Signature of a member or an authorized representative of a member.
	(in accordance with section 608.408(3), F.S., the suscention of this decement constitutes an efficient on under the populities of perjury that the flacts stated herein are true.)
	ROBERT LEONARD, MANAGER
	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.

If unavailable, the al				
	ternate to be used i	in the state of Florida	ı is:	
2. The name and the	Florida street addı	ress of the registered	agent and office are:	
_NR	Al Services, Inc.	(Name)		_
515	East Park Avenua		····	_
	Florida Street	t Address (P.O. Box <u>NO</u>	<u>'T</u> acceptable)	
_Tallr	ahassee _	FL	32301	
		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.

NRAI Services, Inc.

LEFA SINGLETON, ABST. SEC.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO REREBY CERTIFY "L-5 INVESTMENTS I, 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 I, 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.

4977351 8300

110496600 You may verify this certificate enline at corp. delaware.gov/authwer.shtml DATE: 05-05-11

Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 8740781