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**EXAMINER** 



CORPDIRECT AGE: 515 EAST PARK AV: TALL'AHASSEE, FL 222-1173	ENUE	merly CCRS)	<b>4</b>	
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CONTACT:	KATIE WO	NSCH		
DATE:	05/20/2011			11 M
REF. #:	000409.1484	<u>29</u>		SECRE TARY OF COR
CORP. NAME:	PAB SHELI	L ROCK HOLDINGS LLC		PH 4: 24
( ) ARTICLES OF INCO	ORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISS	SOLUTION
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME	E
( XX ) FOREIGN QUAL	IFICATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILIT	Y
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL	
( ) CERTIFICATE OF (	CANCELLATION			
( ) OTHER:				
STATE FEES PI	REPAID W	тн снеск# <u>53988</u>	<b>2</b> FOR \$ <u>155.00</u>	
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	ED:	
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PLEASE RETU	RN:			
(XX) CERTIFIED C	ОРҮ	( ) CERTIFICATE OF GOOD STAI	NDING ()P	LAIN STAMPED COPY
( ) CERTIFICATE O				

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. PAB SHELL ROCK HOLDINGS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Poteign Elimited Elability Company, indistinctude Elimited Elability Company, 2.E.C., or 220.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  company is organized)  3. 80-0726401
4. May 18, 2011  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will ceased exist or "perpetual")
(Date of Organization)  (Duration: Year limited hability company will ceased exist or "perpetual")  6. Upon registration  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  7. 5301 Blue Lagoon Drive, Suite 200
7. 5301 Blue Lagoon Drive, Suite 200
Miami, Florida 33126  (Street Address of Principal Office)
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:
Stuart I. Oran - 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126
Kent Ellert - 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126
Tim Johnson - 5301 Blue Lagoon Dr., Suite 200, Miami, FL 33126
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Any lawful
business permitted by the laws of the State of Florida.
Signature of a member or 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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Stuart I. Oran

### 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:			
PAB SHELL ROCK HOLDINGS LLC			
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:			
NRAI Services, Inc.			
(Name)			
515 East Park Avenue  Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Tienda enter Hadress (F.e., Best <u>1.5.1</u> ), lees 1			
Tallahassee 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.

\$ 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 HEREBY CERTIFY "PAB SHELL ROCK HOLDINGS 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 TWENTIETH DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PAB SHELL ROCK HOLDINGS LLC" WAS FORMED ON THE EIGHTEENTH DAY OF MAY, A.D. 2011.

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

4984592 8300

110586053

AUTHENTICATION: 8776984

DATE: 05-20-11

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