M9700000216

'aca		
<u> </u>	THE 1947	ED STATES TION
	CORPORA	TION
		~ .

ACCOUNT NO. : 072100000032 REFERENCE: 339359 7101964 AUTHORIZATION : COST LIMIT : \$ PRE-PAID ORDER DATE: April 22, 1997 ORDER TIME : 2:30 PM ORDER NO. : 339359-005 CUSTOMER NO: 7101964 CUSTOMER: Ms. Donna M. Wolfe Divine & Estes, P.a. P. O. Box 3629 Orlando, FL 32802-3629 ----- Li 1AX ----FILING ___ FOREIGN FILINGS R. AGENT FEE C. COPY TOTAL N. BARRA ___ NAME: B.H. LEHIGH, L.L.C. BALANCE DUE REFUND__ XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

> CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

800002155418--5 -04/25/97--01080--023 ****140.00 ****140.00

800002155418--5 -04/25/97--01080--024 ****145.00 ****145.00

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

(1.4	THE STATE OF FLORIDA		7.3
1	B.H. LEHIGH, L.L.C. (LIMITED CON	EDANISH	AH IU:
٠.	(Name of foreign limited liability company must end wit "L.C." if not so contained in the name at present)	n the words "limited company" or their abbreviation) -
2.	IOWA	. 3.	
	(Jurisdiction under the law of which foreign limited liabil company is organized)	ty (FEI number, if applicable)	<u> </u>
4.	March 17, 1997 . 5	2027	
	(Date of organization) (Dur or 'p	2027 ation : Year limited liability company will cease to e erpetual")	xist
6.	April 21, 1997 (expected)		
	April 21, 1997 (expected) (Date first transacted business in Florida. (See Sections	508.501, 608.502 and 817.155, F.S.)	
7.	400 Locust Street, Suite 690	<u> </u>	
	Des Moines, IA 50309		
	(Street address of principal office)	
3.	List name, title and business address of each man who will manage the foreign limited liability compared NAME & ADDRESS: TITLE:	aging member [MGRM] or manager [MGR] by in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE:	
<u>H</u> :	arry Bookey . Manager .		
4	00 Locust Street .		
S	uite 690		
D	es Moines, IA 50309		
		· · · · · · · · · · · · · · · · · · ·	
		•	
_	·		

Filing Fee: \$52.50 for Application

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of				
B.H. LEHIGH, L.L.C. (LIMITED COMPANY) . deposes and says:				
1) the above named limited liability company has at least two members				
2) the total amount of cash contributed by the member(s) is \$_\frac{1,000.@}{}.				
3) if any, the agreed value of property other than cash contributed by member(s) is				
\$ A description of the property is attached and made a part hereto				
4) the total amount of cash or property anticipated to be contributed by member(s) is				
\$ This total includes amounts from 2 and 3 above.				
Signature of a member or authorized representative of a member (in accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true)				
STATE OF FLORIBA IOWA COUNTY OF FOLK				
SWORN TO AND SUBSCRIBED before me this 2 day of April , 1991, by who M is personally known or [] has produced as identification.				
NOTARY PUBLIC PRINT NAME: MY COMMISSION EXPIRES: COMMISSION NUMBER:				

Filing Fee: \$52.50 for Affidavit

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, ORGANIZED UNDER THE LAWS OF THE STATE OF IOWA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA

The name of the limited liability company isB.H. LEHIGH L.L.C. (L_COMPANY)	SECRETAR DIVISION OF 9789 R 2:
2. The name and address of the registered agent and office is:	PORPORATIONS 2 AHIO: 16
Harry Bookey (Name)	v
1001 Shoreview Drive (P.O. Box not acceptable)	
Orlando, FL 32807 (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.

(Signature) 4-21-97 (Date)

Filing Fee: \$35.00 for Designation of Registered Agent



No. 00091830 Date: 04/22/1997

490DLC-000204479 SECRETARY OF STATE

490DLC-000204479
BH EQUITIES INC
AUDREY PIERCE
400 LOCUST ST STE 690
DES MOINES, IA 50309

CERTIFICATE OF EXISTENCE

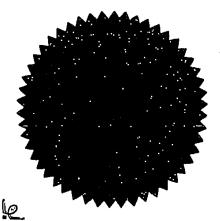
Name: B.H. LEHIGH, L.L.C.

Begin date: 19970317 Expiration: 20270317

I, PAUL D. PATE, secretary of state of the state of Iowa, custodian of the records of limited liability companies, certify that the limited liability company named on this certificate was duly organized under the laws of Iowa on the date printed above, that all fees required by the Iowa limited liability company act have been paid and that articles of dissolution have not been filed.

SECRETARY OF STATE DIVISION OF COAPORATION

97 APR 22 AM 10: 16



Can D. Cate

SECRETARY OF STATE



9