

Document Number Only

M97000000432

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

Integria Management, L.L.C.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                               | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> NonProfit                            |   |   |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign                              |   |   |
| <input type="checkbox"/> Limited Partnership                  | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement                        | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
| <input type="checkbox"/> Limited Liability Partnership        |   | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy                       | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready                      | <input type="checkbox"/> Call if Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In                   | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                             |   |   |

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Thanks,  
Melanie

7-22-97

To: Buck  
File 1st

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R. AGENT FEE \_\_\_\_\_  
C. COPY \_\_\_\_\_  
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N. BANK \_\_\_\_\_  
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REFUND \_\_\_\_\_

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

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The undersigned member or authorized representative of a member of \_\_\_\_\_  
Integra Management, L.L.C. deposes and says:

- 1) the above named limited liability company has at least ~~two~~ <sup>ONE</sup> members
- 2) the total amount of cash contributed by the member(s) is \$ 0
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0  
This total includes amounts from 2 and 3 above.
- 5) the total amount of cash or property anticipated to be contributed by member(s) is \$ 0

THE JOHN A. PORTER REVOCABLE TRUST

By:  \_\_\_\_\_  
Signature of a member or authorized representative of a member.

~~John A. Porter, as trustee~~

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.)

**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  
IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF  
FLORIDA.

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JUL 12 1997

1. The name of the limited liability company is:

Integra Management, L.L.C.

2. The name and address of the registered agent and office is:

CT Corporation System

(Name)

1200 South Pine Island Road

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Plantation, Florida 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.*

JENNIFER F AULTMAN  
ASSISTANT SECRETARY

(Signature)

7-15-97

(Date)

**Filing Fee: \$ 35 for Designation of Registered Agent**

Secretary of State  
Corporations Division  
Suite 315, West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 971970946  
CONTROL NUMBER : 9716726  
DATE INC/AUTH/FILED: 04/30/1997  
JURISDICTION : GEORGIA  
PRINT DATE : 07/16/1997  
FORM NUMBER : 211

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CT CORPORATION SYSTEM  
JENNI FERGUSON  
1201 PEACHTREE STREET, NE  
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Lewis A. Massey, the Secretary of State of the State of Georgia,  
do hereby certify under the seal of my office that

INTEGRA MANAGEMENT, L.L.C.  
A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to  
transact business in Georgia on the above date. Said entity is in  
compliance with the applicable filing and annual registration  
provisions of Title 14 of the Official Code of Georgia Annotated  
and has not filed articles of dissolution, certificate of  
cancellation or any other similar document with the office of the  
Secretary of State.

This certificate relates only to the legal existence of the above-  
named entity as of the date issued. It does not certify whether  
or not a notice of intent to dissolve, an application for  
withdrawal, a statement of commencement of winding up or any other  
similar document has been filed or is pending with the Secretary  
of State.

This certificate is issued pursuant to Title 14 of the Official  
Code of Georgia Annotated and is prima-facie evidence that said  
entity is in existence or is authorized to transact business in  
this state.



*Lewis A. Massey*

Lewis A. Massey  
Secretary of State