Document Number Only 7000000442 660 EAST JEFFERSON STREET Requestor's Name TALLAHASSEE, FL 32301 Address 222-1092 City State Zip Phone CORPORATION(S) NAME GWB Associates, LLC -07/29797--01104--084 ****285.00 ****285.00 () Profit) NonProfit () Amendment () Merger * Limited Liability Co. *Foreign () Dissolution/Withdrawal () Mark () Limited Partnership () Annual Report () Other () Reinstatement () Reservation () Change of R.A. () Fictitious Name Filing () Certified Copy () Photo Copies () CUS () Call When Ready () Call if Problem () After 4:30 Walk In () Will Wait Pick Up () Mail Out Name Availability 7-24-97 Document Examiner J. 1AX Updater FILING -R. AGENT FEE Veriller 3. COPY ---Acknowledgment :OTAL . WAAR .. BALANCE DUE W.P. Verifier

CR2E031 (1-89)

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.	GWB Associates, LLC				
	(Name of foreign limited liability company m "L.C." if not so contained in the name at pre-		d with the words "li	mited company" or t	heir abbreviation
2.	Indiana		3.	35-2019850	91 (Slove
	(Jurisdiction under the law of which foreign li company is organized)	mited	liability	(FEI number, if a	pplicable 2
4.			Perpetual		72 23 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	(Date of Organization)		uration: Year limite r "perpetual")	ed liability company	will cease to exist
6.				<u></u>	ับ
	(Date first transacted business in Florida. (se	o section	ns 608.501, 608.502 an	d 817.155, F.S.)	
7.	5597 International Drive				
	Orlando, Florida 32819			,	
	(Street address of pri	ncipal	office)		
8	 List and indicate in title space provide member [MGRM] or manager [MGR]. (attach additional page if necessary) 	lt is r	name, title, and not necessary to	d business addres o list members.	
	NAME & ADDRESS: TITLE:		NAME 8	ADDRESS:	TITLE:
-	B. Douglas Pendleton Manac	ier			
	9445 Haver Way				
	Indianapolis, IN 46240				_
-			<u> </u>		_
	Gary L. Modory Manag	<u>jer</u>			
	9445 Haver Way				_
	Indianapolis, IN 46240				
					

Filing Fee: \$ 52.50 for Application

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN

The undersigned member or authorized representative	of a member of
GWB Associates, LLC	deposes and says:
1) the above named limited liability company has at least	st two members
2) the total amount of cash contributed by the members	(s) is \$ <u>1,000.00</u> .
3) if any, the agreed value of property other than cash \$ A description of the property	
4) the total amount of cash or property anticipated to b \$ This total includes amounts from	e contributed by member(s) is m 2 and 3 above.
(SAN)	
Signature of a member or authorized represe (In accordance with section 608,408(3), Florida Statutes, the constitutes an affirmation under the penalties of perjury that the constitutes are affirmation under the penalties of perjury that the constitutes are affirmation under the penalties of perjury that the constitution is a second constitution of the constitution	he execution of this affidavit

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 SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is:GWB Associates. LL					
The name and address of the registered agent and office is:					
C T CORPORATION SYSTEM					
(Name)					
c/o C T CORPORATION, 1200 South Pine Island Road, (P.O. Box not acceptable)					
(1.0. box ma, 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.

C T CORPORATION SYSTEM

Signature

July 23, 1997

(Date)

Véffrey R. Graves Assistant Secretary

FILINGFEE: \$35 for Designation of Registered Agent

STATE OF INDIANA

OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the limited liability company records and the proper official to execute this certificate.

I further certify that records of this office disclose that

GWB ASSOCIATES, LLC

filed Articles of Organization effective July 02, 1997, and is a limited liability company duly organized and existing under the laws of the State of Indiana.

I further certify this limited liability company has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Sixteenth day of July, 1997.

Sue anne Gilroy, Secretary of State 1

Deputy