

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

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\*\*\*\*250.00 \*\*\*\*250.00

*Eildan Associates LLC*

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

*397770050458*

Profit

( ) NonProfit

☒ Limited Liability Co.

Foreign

( ) Amendment

( ) Merger

( ) Dissolution/Withdrawal

( ) Mark

( ) Limited Partnership

( ) Annual Report

( ) Other UCC Filing

( ) Reinstatement

( ) Reservation

( ) Change of F.A.

( ) Fic. Name

( ) Certified Copy

( ) Photo Copies

( ) CUS

( ) Call When Ready

( ) Call if Problem

( ) After 4:30

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Availability
Document Examiner
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Verifier
Acknowledgment
W.F. Verifier

CR2E031 (1-89)

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THANKS, MELANIE ☺

*10-15-97*

**& TAX  
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R. AMOUNTS  
S. AMOUNTS  
F. AMOUNTS  
TOTAL DUE  
PAID  
DATE

*250.00*  
*35.00*  
*385.00*  
*337.50*

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*3/K*  
*10/15/97*

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF  
FLORIDA:

1. Eildon Associates LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not  
so contained in the name at present.)

2. Delaware  
(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 13-3948290  
(FEI number, if applicable)

4. 05/29/97  
(Date of Organization)

5. 25 years - 2022  
(Duration: Year limited liability company will cease to  
exist or "perpetual")

6. Will begin upon approval of this application  
(Date first transacted business in Florida) (See sections 608.501, 608.502, and 817.155, F.S.)

7. 10552 Philadelphia Road  
White Marsh, MD 21162  
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who  
will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Michael H.A. Milne</u>	<u>CEO [MGRM]</u>	<u>M. Shane Warbrick</u>	<u>MGR</u>
<u>10552 Phila Rd</u>		<u>810 Great South Rd</u>	
<u>White Marsh, MD 21162</u>		<u>Penrose, Auckland New Zealand</u>	
<u>David A. Foster</u>	<u>COO [MGRM]</u>	<u>Hal Kuisle</u>	<u>MGR</u>
<u>10552 Phila. Rd</u>		<u>2300 3005 Ave SW</u>	
<u>White Marsh, MD 21162</u>		<u>Calgary, Alberta Canada T2P 3C4</u>	
<u>Peter Pettit</u>	<u>MGR</u>		
<u>810 Great South Rd</u>			
<u>Penrose, Auckland New Zealand</u>			

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

The undersigned member or authorized representative of a member of Eildon Associates  
LLC deposes and says:

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- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,800,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$1,500,000 \*  
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 \$4,900,000  
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 \$ 1,600,000



David A. Foster, Manager

**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.)

**Filing Fee: \$250.00 for Application and Affidavit**

\* Goodwill and intellectual property

**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.

1. The name of the Limited Liability Company is:

EILDON ASSOCIATES LLC

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

CT Corporation System

(Name)

1200 South Pine Island Road

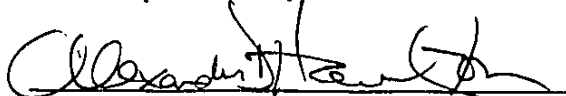
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Plantation, FL 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.*

CT Corporation System



By: Alexandra D. Hamilton  
Special Asst. Secretary

October 8, 1997

(Date)

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

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EILDON ASSOCIATES 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 SECOND DAY OF OCTOBER, A.D. 1997.

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

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*Edward J. Freel, Secretary of State*

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AUTHENTICATION:

DATE:

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