# M9800000787

To:

Qualification/Tax Lien Section Division of Corporations

SUBJECT: UKEEKKILIDGE, L	. L. C.
SUBJECT: CREEKRIDGE, L (Name of corporation	n - must include suffix)
Dear Sir or Madam:	-must include suffix)  C = LIMITED LIABILITY CORPORATION
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to retransact business in Florida.	
Please return all correspondence concerning this matter	
CHRISTINE T.	SIMS
CHRISTINE T. (Name of	Person) 5000025233151
CREEKRIDGE	L.L.C. ******78.75 *****78.75
(Firm/Cor	
5200 N.W. 43rd St.	
(Addr	ess)
Gaire	20 / /
GAINESVILLE, FLO (City/Sta	RIDA 34606
(City/Sta	e/Zip)
Should you need to call someone concerning this matter	5000025233151 -07/21/9801021001 ; please call: ****206.25 ****206.25
A1 . L. O	
1 = ha. / tin. \ inc = 1(25)	1338-1575
(Name of Person) at (352	) 338-1575 Code & Dartime Telephone Number)
(Name of Person) at (352) (Area	) 338-1575 Code & Daytime Telephone Number)
(Name of Person) at (352 (Area	) 338 - 1575 Code & Daytime Telephone Number)
(Name of Person) at (352 (Name of Person) (Area	MAILING ADDRESS:

#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 15, 1998

CHRISTINE T. SIMS 5200 N.W. 43RD STREET, SUITE 102-208 GAINESVILLE, FL 32606

SUBJECT: CREEKRIDGE, L.L.C. Ref. Number: W98000011079

SECRETARY OF STATE
DIVISION OF CORPORATIONS

We have received your document for CREEKRIDGE, L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

There is a balance due of \$206.25. enclosed, check \$2580

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 898A00027126

Please note:

The enclosed application + check were completed on 7/14/98.

If any questions, please contact Charistine Sims at

352-338-1575. Thank you.

- Chil J. A.

#### 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. (Nam so co	CREEKRIDGE L.L. e of foreign limited liability company intained in the name at present.)	nust end with the v	words "limited company" or their abbre	viation "L.C." if not
2. <u>37</u> Juris)			58-238/003 (FEI number, if appli	
4	/2-8-97 (Date of Organization)	5	(Duration: Year limited liability con exist or "perpetual")	pany will cease to
6	5-31-98 (Date first transacted busines	s in Florida. (See s	ections 608.501, 608.502, and 817.155	, F.S.)
7	5200 NW 43rd S	t., Svite 1	02-208	
<del>-</del>	GAinesville, Flor	JA 32604 (Street address of	principal office)	
8. List n	ame, title, and business address o	of each managing	CDM	ACDI L
will n	nanage the foreign limited liabilit	y company in F	g member[MGRM] or manager[lorida: (attach additional page if	necessary)
will n	nanage the foreign limited liability	y company in F	lorida: (attach additional page if  NAME & ADDRESS:	necessary) TITLE:
will n	NAME & ADDRESS:	y company in F	lorida: (attach additional page if NAME & ADDRESS:	necessary) TITLE:
will n	NAME & ADDRESS:	y company in F	lorida: (attach additional page if NAME & ADDRESS:	necessary) TITLE:
will n	NAME & ADDRESS:	y company in F TITLE: MGL  - 208	lorida: (attach additional page if	necessary) TITLE: Mcflm

<sup>9.</sup> Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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 oath of the translator must be submitted.)

## 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 "CREEKRIDGE, L.L.C." 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 FOURTEENTH DAY OF APRIL, A.D. 1998.

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

98 JUL 21 AM II: 50

2830686 8300 981141954



Edwiff Drul 04-14-98

Edward J. Fr. 11, Secretary of State

**AUTHENTICATION:** 

DATE:

### 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:	
CREEKRIDGE, L.L.C.	
2. The name and the Florida street address of the registered agent and office are:	
C. EUGENE SIMS IT	DIVISION OF 98 JUL 2
(Name)	
6425 N.W. 29th TETTACE	<u> </u>
Florida street address (P.O. Box NOT ACCEPTABLE)	AMII: 50
GAINESVILLE FL 32606	AMII: 50
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. Ergene Suis II
(Signature)

Filing Fee: \$35 for Designation of Registered Agent

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

The undersigned member or authorized representative of a member of		
Creekridge, L.L.C. certifies:		
1) the above named limited liability company has at least two members;		
2) the total amount of cash contributed by the member(s) is	\$ <u>/4</u>	0,000
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.)	\$ <u>n</u>	0,000 /a
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is  (This total includes amounts from 2 and 3 above.)	\$ <u>/4</u>	0,000.
Signature of a member or an authorized representative of a memil (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.)	er.	
CHRISTINE T. SIMS, V. P.  Typed or printed name of signee	98 JUL 2	DIVISION OF
	I AHII: 50	ILEO RY OF STATE CORPORATIO
Filing Fee: \$250.00 for Application and Affidavit	<b>(3</b>	NS.