#### **Document Number Only**

# M9800001079

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660 East Jefferson Street			7 23 4550	
Requestor's Name				
Tallahassee, Florida 3230	1			- M _O
Address				
(850) 222–1092	- -	9	1000026474	896
City State Zip	Phone		-09/23/980107	7025 **250.00
CORPORATI	ON(S) NAME			
· ·		J	0000264743 -09/23/980107	7026
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( ) Limited Liability Part	nership		( ) UCC-1 UCC-3	<u>.</u>
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CB2E031 (1-89)		A CONTRACTOR OF THE PARTY OF TH		

#### 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:

ame of foreign limited liability of a.C." if not so contained in the na	company must end me at present.)	I with the words "lir	nited company"	or their abbrevi	iation
elaware		3. <u>N/A</u>	Applied Fo	e	
Jurisdiction under the law of which ompany is organized)	ch foreign limited	liability (F	EI Mimber, if ap	plicable)	<del>-</del>
uly 29, 1998		Perpetual			_ 3
(Date of Organizatio	n)	(Duration: Year I cease to exist or "		ompany wil <u>t- آ</u>	\$EP 27
eptember 30, 1998				(/?) [17] [7];	ii mo
(Date first transacted	business in Flori	da. (See sections 60	8.501,608.502	and 817.155-F	<u>s</u> ) =
c/o Hometown America 70	W Madieon f	44030 Chicago	TI GOGOO	2	 
37 0 Homecowii Famelica , 70	W. Madison f	74030 Cliftcago,	11 00002	(C.2)	
ist name, title, and business a	address of each	dress of principal offic	er [MGRM] or	manager [M	GR] wł
ist name, title, and business a fill manage the foreign limite NAME & ADDRESS:	address of each	managing membe	er [MGRM] or attach additio	r manager [M nal page if ne TITLE:	GR] wł cessary
All manage the foreign limite	address of each ed liability comp	managing memberany in Florida: (	er [MGRM] or attach additio	nal page if ne	GR] wł cessary
NAME & ADDRESS:	address of each d liability comp	managing memberany in Florida: (	er [MGRM] or attach additio	nal page if ne	GR] wł cessary
NAME & ADDRESS:  Vincent W. McBrien  70 W. Madison #4030	address of each d liability comp	managing memberany in Florida: (	er [MGRM] or attach additio	nal page if ne	GR] wł cessary
NAME & ADDRESS:  Vincent W. McBrien  70 W. Madison #4030  Chicago, IL 60602	address of each ed liability comparts. TITLE:  MGR	managing memberany in Florida: (	er [MGRM] or attach additio	nal page if ne	GR] wł
NAME & ADDRESS:  Vincent W. McBrien  70 W. Madison #4030	address of each d liability comp	managing memberany in Florida: (	er [MGRM] or attach additio	nal page if ne	GR] wł
NAME & ADDRESS:  Vincent W. McBrien  70 W. Madison #4030  Chicago, IL 60602	address of each ed liability comparts. TITLE:  MGR	managing memberany in Florida: (	er [MGRM] or attach additio	nal page if ne	GR] whoesessary
NAME & ADDRESS:  Vincent W. McBrien  70 W. Madison #4030  Chicago, IL 60602  Raymond Nomizu	address of each ed liability comparts. TITLE:  MGR	managing memberany in Florida: (	er [MGRM] or attach additio	nal page if ne	GR] wł
NAME & ADDRESS:  Vincent W. McBrien  70 W. Madison #4030  Chicago, IL 60602  Raymond Nomizu  Chicago, IL 60602	address of each ed liability comparts. TITLE:  MGR	managing memberany in Florida: (	er [MGRM] or attach additio	nal page if ne	GR] whocessary
NAME & ADDRESS:  Vincent W. McBrien  70 W. Madison #4030  Chicago, IL 60602  Raymond Nomizu  Chicago, IL 60602  70 W. Madison #4030	address of each ed liability compared to the second	managing memberany in Florida: (	er [MGRM] or attach additio	nal page if ne	GR] wh

language, a translation of the certificate under oath of the translator must be submitted.)

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

	e undersigned member or authorized representative of a member of Hometown Alafia, L.L.C. Raymond Nomizu, on behalf of Hometown America Communities, Inc., the Manager of Hometown America, L.L.C., the certifies:
	Member of Hometown America, L.L.C.
1)	one member the above named limited liability company has addeask two xnenthers;
2)	the total amount of cash contributed by the member(s) is \$\\\_{607,000.00}\$;
	if any, the agreed value of property other than cash contributed by member(s) is \$\_N/A; (A description of the property is attached and made a part hereto.)
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.)
	"SEE ATTACHED SIGNATURE BLOCK"
	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.)
	Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

Hometown Alafia, L.L.C.,

a Delaware limited liability company,

By: Hometown America, L.L.C.,

a Delaware limited liability company,

its member

By: Hometown America Communities, Inc.,

a Delaware corporation,

its Manager

By:

Raymond Somizu Vice President

Date:

SEP 23 PH 3:

#### 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:			
_	Hometown Alafia, L.L.C.			
2.	The name and the Florida street address of the registered agent and office are:		98 SEP	
	C T CORPORATION SYSTEM	多量	$\Sigma$	=
	(Name)		70	, ED
	1200 South Pine Island Road	\$ 1	ယ္	
	Florida street address (P.O. Box NOT ACCEPTABLE)	₹3 <del></del> *	07	
	Plantation FL 33324 (City/State/Zip)			
liabi. agen relat	ng been named as registered agent and to accept service of process for the above lity company at the place designated in this certificate, I hereby accept the appoin t and agree to act in this capacity. I further agree to comply with the provisions ing to the proper and complete performance of my duties, and I am familiar with a cations of my position as registered agent.	ntment of all s	as re tatut	gistere. es
СТ	CORPORATION SYSTEM			
	(Signature)			
Ja	mes M. Halpin, Assistant Secretary			

Filing Fee: \$35 for Designation of Registered Agent

## State of Delàware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOMETOWN ALAFIA, 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 NINETEENTH DAY OF AUGUST, A.D. 1998.

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

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9260143

DATE:

08-19-98

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