CR2E031 (1-89)

M9800001356

C T CORPORATION SYSTEM	· - · · - · · ·	
660 East Jefferson Street Requestor's Name	<u> </u>	
Tallahassee, Florida 32301		
Address (850) 222-1092	n. :	8000 <u>02690848</u> —5
City State Zip	Phone	-11/18/9801052018 ****285.00 ****285.00
CORPORATIO	N(S) NAME	
AL	, ;	ecanto LLC
H.S.	Investoris L	ecanto LCC
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() Profit () NonProfit (X) Limited Liability Company	() Amendm	98 NOV 18 FILE FILE FILE FILE FILE FILE FILE FILE
() Foreign		on/Withdrawal () Mark 프 중의
() Limited Partnership () Reinstatement	() Annual R () Fict. F	eport () Other of Sm. illing () Change of R.A.
() Limited Liability Partner () Certified Copy	() Photo Co	() <u>vcc-1</u> <u>vcc-3</u> ppies () CUS
() Call When Ready ■ Walk In S () Mail Out	() Call if Pro () Will Wait	oblem () After 4:30 Pick Up
Name Availability		Please Return Extra Copy(s) Filed Stamp
Document Examiner	NOV 18 1998	Thanks, Melanie
Updater		- -
Verifier	-	
Acknowledgment		 .
W.P. Verifier		

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. AL Investors Lecanto LLC (Name of foreign limited liability company" or their abbreviations "	company must end	with the words "limited liability not so contained in the name at p	company" or "lim	nited
2. Washington (Jurisdiction under the law of wh company is organized)	3.	N/A A. I. I	For	
1 November 12, 1998		Perpetual		
(Date of Organization	on)	(Duration: Year limited liabilit cease to exist or "perpetual")	y company will	
<u> December 1</u> , 1998				
(Date first transacte	d business in Florida	. (See sections 608.501, 608.50	2 and 817.155, F.	S.)
Attention: Dellane Cols	son, 2250 McGil	christ Street, Suite 20	00, Salem, OR	- -
97302				. <u>-</u>
	(Street addre	ess of principal office)		
List name, title, and business will manage the foreign limit NAME & ADDRESS:	ed liability compa	ny in Florida: (attach addit: NAME & ADDRESS:	ional page if ne	cessary)
AL Investors LLC 2250 McGilchrist Stre	MGRM et, Suite 200			SECRETARY DIVISION OF C
Salem, OR 97302	<u>.</u>		•	対の対象
				PH
,				STALE RATIO
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9. 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 hotocopy 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 WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

AL INVESTORS LECANTO LLC

I FURTHER CERTIFY that the records on file in this office show that the above named limited liability company was formed under the laws of the State of Washington and was issued a Certificate of Formation in Washington on November 12, 1998.

I FURTHER CERTIFY that as of the date of this certificate, no cancellation have been filed, and that the limited liability company is duly authorized to transact business in the limited liability company form in the State of Washington.

PH 3: 56



November 12, 1998 Date:

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



Ralph Munro, Secretary of State

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:		
	AL Investors Lecanto LLC		<u></u>
2.	The name and the Florida street address of the registered agent and office are:		
	C T CORPORATION SYSTEM (Name)		
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)		
	Plantation FL 33324 (City/State/Zip)		
	(Olis/Older Lip)		
liabi agen relai	ing been named as registered agent and to accept service of process for the above stated ility company at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the provisions of all sting to the proper and complete performance of my duties, and I am familiar with and acceptations of my position as registered agent.	as reg tatute	gisterea es
СТ	CORPORATION SYSTEM		
_0	Kathleen C. Gariepy Asst. Sec.	HJ 81 AUN 86	SECRETARY OF CCRP
•	Filing Fee: \$ 35 for Designation of Registered Agent	3: 56	STATE DINATIONS

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of Lecanto LLC	rs			
	_ certifies:			
1) the above named limited liability company has at lea	st one member;			
2) the total amount of cash contributed by the member(s) is		\$ <u>860,582</u>	;
3) if any, the agreed value of property other than cash c (A description of the property is attached and made a and	•	ember(s) is	\$ <u></u>	;
4) the total amount of cash and property contributed and by member(s) is (This total includes amounts from 2 and 3 above.)	d anticipated to	oe contributed	\$ <u>860,582</u>	

Signature of a member or an 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.)

AL Investors LLC, a Delaware limited liability company, Member By Norman L. Brenden, Manager

Typed or printed name of signee

98 NOV 18 PM 3: 56

Filing Fee: \$250.00 for Application and Affidavit