# 110000000000066

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615

Attn: Jeff Netherton

Acknowledgement W.P. Verifier

CORPORATION(S) NAM	****285.00	****285.0	
Pru-Palmer Ranch, LLC	·-		<del></del>
() Profit	() Amendment	() Merger	
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC	
() Certified Copy	() Photocopies	() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	SEGRETAR SEGRETAR SEGRETAR SEGRETAR
Name M99 - QQ Availability J - Document Examiner	(9 01/19/99		CORPORATIONS PM 1: 29
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DIVISION OF CORPORATION
POLICIENTS
RECEIVED

## 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:

Pru-Falmer Ranch, LLC (Name of foreign limited liability company" or their abbreviations "I	company must end v L.L.C." or "L.C." if n	with the words "limited liability co	ompany" or "limit sent.)	ed
Delaware (Jurisdiction under the law of whice company is organized)	3,	has been applied for		<del></del>
January 6, 1999 (Date of Organization	on)	Perpetual (Duration: Year limited liability cease to exist or "perpetual")	company will	·
		a. (See sections 608.501, 608.502		
c/o The Corporation II		ess of principal office)		
List name, title, and business will manage the foreign limit	address of each need liability comp	any in Fiorida: (attach additi	mai page ii nec	GR] who essary)
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:	
See 1 in Addendum				SECRETARY DIVISION OF C
	<u> </u>			PA CR
	<u>→</u> ' ,			TATE NATIONS 1:29
	<u>,</u> .			
	<del>-</del>	-	<del></del>	

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.)

(FL057 - 4/23/98)

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

The	e undersigned member or authorized representative of a member of Pru-Palmer Rai	nch, LLC	
_	certifies:		
1)	the above named limited liability company has at least one member		
2)	the total amount of cash contributed by the member(s) is	\$ 87,382	<u>.00</u> ;
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.)	\$0.00	;
4)	and	\$ 87,382	2.00
	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.)  GLENN D. FORCUCCI  Typed or printed name of signee	99 JAN 19	SECRETARY OF CORP
		PM 1: 29	D )F STATE  PORATIONS

Filing Fee: \$250.00 for Application and Affidavit

#### Addendum

1. Name:

The Prudential Insurance Company of America

Title:

MGRM

C.

8 Campus Dr., 4th Floor, Parsippany, NJ 07054

99 JAN 19 PH 1: 29

1 **OF** 1

### 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.

 2.	The name and the Florida street address of the registered agent and office are:  C T CORPORATION SYSTEM	
2.		
	C T CORPORATION SYSTEM	
	V V V V V V V V V V V V V V V V V V V	
	(Name)	
	1200 South Pine Island Road	-
	Florida street address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324	-
	(City/State/Zip)	
liabili agent relatii obliga	ng been named as registered agent and to accept service of process for the above state ity 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 a ing to the proper and complete performance of my duties, and I am familiar with and actions of my position as registered agent.	Il statutes DI SICKE CONTROLLER
CTC	CONNIE BRYAN  Conic Buy SPECIAL ASSISTANT SECRETARY	TARY OF DF CORPO
	(Signature)	STATE DRATIONS 1: 29

Filing Fee: \$35 for Designation of Registered Agent

(FL057)

## State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRU-PALMER RANCH 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 FIFTEENTH DAY OF JANUARY, A.D. 1999.

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





Edward J. Freel, Secretary of State

2989682 8300

AUTHENTICATION: 9525353

DATE:

01-15-99