#### 1000007 CT Corporation System Requestor's Name 660 East **J**efferson Street 100002746721--5 -01/20/99--01001--009 Address Tallahassee, FL 32310 222-1092 \*\*\*\*652.50 \*\*\*\*852.50 Phone Zip State City CORPORATION(S) NAME () Profit () Merger () Amendment () NonProfit Limited Liability Company () Dissolution/Withdrawal () Foreign ( ) Other () Annual Report () Limited Partnership () Change of R.A. ()Name Registration () Reinstatement ()UCC-1 Financing Statement() UCC-3 Filing ()Fictitious Name CUS () Photo Copies ) Certified Copy () After 4:30 (X) Call if Problem ) Call When Ready ⊗ Pick Up () Will Wait (x) Walk In Name Please Return Extra Copies Availability File Stamped. Document Thank You!! Examiner Updater

CR2E031 (1-89)

Acknowledgment

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:

(Na	ame of foreign lim	ited liabili	ty company)			
California		3. 33-0	0830775			
(Jurisdiction under the law of which foreign company is organized)	limited liability	<del> </del>	(FEI	number, if app	plicable)	
October 10, 1998			ember 3			· .
(Date of Organization)		exist o	r "perpetual"			
Business not transacted						in Flor
(Date first transacted business	s in Florida. (See s	ections 60	8.501, 608.50	02, and 817.15	55, F.S.)	
1764 San Diego Avenue					••	
San Diego, CA 92110						
	(Street address of	f principal	office)			
ist name, title, and business address of ill manage the foreign limited liability	of each managing company in F	Florida: (	attach addi	itional page	if necessa	ıry)
ist name, title, and business address of ill manage the foreign limited liability  NAME & ADDRESS:	of each managin	Florida: (	er[MGRM attach addi ME & AD	itional page	if necessa	vho ry) 『LE:
ill manage the foreign limited liability  NAME & ADDRESS:  Continental America	of each managing company in F	Florida: (	attach addi	itional page	if necessa	ıry)
ill manage the foreign limited liability  NAME & ADDRESS:  Continental America Properties, Ltd.	of each managing company in F TITLE:  m. Manager	Florida: (	attach addi	itional page	TIT	ıry)
ill manage the foreign limited liability  NAME & ADDRESS:  Continental America Properties, Ltd. 1764 San Diego. Aven	of each managing company in F TITLE:  m Manager ue	Florida: (	attach addi	itional page	TIN	ıry)
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## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersi	igned member or authorized representative of a member of	<u></u>
ConAm DO	OC Affiliates LLCcertifies:	
1) the above	e named limited liability company has at least one member;	
2) the total a	amount of cash contributed by the member(s) is	\$1,290,000;00
3) if any, th (A descri	ne agreed value of property other than cash contributed by member(s) is iption of the property is attached and made a part hereto.)	\$;
4) the total aby memb	amount of cash and property contributed and anticipated to be contributed per(s) is all includes amounts from 2 and 3 above.)	\$1,290,000.00
ConA	m DOC Affiliates LLC	
By:	Continental American Properties, Ltd. Manager  By:	
	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.)	FILE SECRETARY ISION OF CO
	E. Scott Dupree, Vice President of Manager  Typed or printed name of signee	OF STATE RPORATIONS

Filing Fee: \$250.00 for Application and Affidavit

### 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.		
ConAm DOC Affiliates LLC		
2. The name and the Florida street address of the registered agent and office are:		
CT Corporation System		
1200 S. Pne Island Rd. Florida street address (P.O. Box NOT ACCEPTABLE)	99 JAN	SECRE T
Plantation, FL 33824 City/State/Zip	19 PM 4:	FILED ARY OF STA OF CORPORAL
	05	TATE

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.

By: Comic B SPECIAL ASSISTANT SECRETARY

(Bignature)

Filing Fee: \$ 35 for Designation of Registered Agent



#### **SECRETARY OF STATE**

# CERTIFICATE OF STATUS CALIFORNIA LIMITED LIABILITY COMPANY

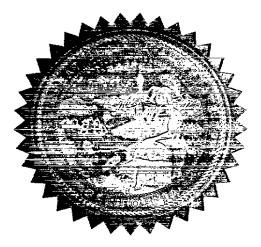
I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 8th day of October, 1998, CONAM DOC AFFILIATES LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That no record exists in this office of a certificate of cancellation of said limited liability company nor of a court declaring cancellation thereof; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this 14th day of January, 1999.

BILL JONES Secretary of State

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