Document Number Only 000000238 CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street 32301 Tallahassee, FL 222-1092 Phone **600002781056--**-02/19/99--01067--018 State City \*\*\*\*346.25 \*\*\*\*346.25 CORPORATION(S) NAME LINKS COND FLORIDA WINELINET () Profit () Merger () Amendment ( ) NonProfit Limited Liability Co. () Mark ( ) Dissolution/Withdrawal **★**Foreign () Other ucc Filing () Annual Report () Limited Partnership () Change of R.A. () Reservation. () Reinstatement ) Fic. Name () Photo Copies Certified Copy ( ) After 4:30 () Call if Problem () Call When Ready Pick Up Walk in () Mail Out Name PLEASE RETURN EXTRA COPIES Avallabilit FILE STAMPED : Document TO Examiner JEFFREY D. BUTTERFIELD Updater KOLTAKUSHIJO HU HUKINIO Verifier BOLEB TO CHIEF ES Acknowledgin 11 to 21 2 to 21 1 to 22 W.P. Verifier

CR2E031 (1-89)

## 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:

LinksCorp Florida Windermere, L.L.C.				<del></del>	
(Name of foreign limited liability con company" or their abbreviations "L.L.	npany must end C." or "L.C." if r	with the words "limited liability con not so contained in the name at prese	npany" or "limite ent.)	ed	
Delaware		3. Applied For			
(Jurisdiction under the law of which company is organized)	foreign limited l	iability (FEI number, if app	licable)		
4 February 8, 1999	5.	December 31, 2049		.,	
(Date of Organization)	-	(Duration: Year limited liability concease to exist or "perpetual")	ompany will		
6. Upon Approval of Application (Date first transacted b	usiness in Florid	la. (See sections 608.501, 608.502 a	and 817.155, F.S	<del>.)</del>	
•	u3111000 111 1 101.10	(00000000000000000000000000000000000000	· · · · · ·	•	
7. 245 Waukegan Road, Suite 204			-	<del></del>	
Northfield, Illinois 60093	,			<del>,,,,,</del>	
	(Street add	lress of principal office)			
<ol><li>List name, title, and business ad will manage the foreign limited</li></ol>	dress of each liability comp	managing member [MGRM] or pany in Florida: (attach addition	manager [MOnal page if neo	GR] who cessary)	
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:	.o .o	
LinksCorp, L.L.C.	MGRM			SECRE VISION 39 FEB	
245 Waukegan Road, Suite 204	w		<b>-</b>	ETAR FIAR B 19	
Northfield, IL 60093				Y OF CORPO	
			<u> </u>	SS	
				TATE RATIONS 1:47	
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<del></del> -					
		and a			

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 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.)

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

The undersigned member or authorized representative of a member of	·-		<del> </del>
LinksCorp Florida Windermere, L.L.C. 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	\$	1,00	<u>0</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.) and	\$_		-
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.)	\$_1,000		00
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.)  LinksCorp, L.L.C., Sole Member, By: Keith H. Bode, Vice President Typed or printed name of signee		99 FEB 19 PM 1: 47	SECRETARY OF STATE DIVISION OF CORPORATIONS

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 nam	e of the Limited Liabi	llity Company is:				
LinksCorp Flor	rida Windermere, L.L.C.					
2. The nam	e and the Florida stree	et address of the registered agent and off	ice are:			
		C T Corporation System				
	-	(Name)	99 FE8	SEC 333		
	1200 South Pine Island Road					
	Florida stre	eet address (P.O. Box NOT ACCEPTABLE)		RY OF		
	Plantation	FL 33324		STA		
		(City/State/Zip)		HOTE TE		
liability compa- agent and agre- relating to the j	ny at the place designe e to act in this capacit	ent and to accept service of process for the ated in this certificate, I hereby accept the sy. I further agree to comply with the properformance of my duties, and I am family red agent.	ne appointment as reg ovisions of all statute	nsterea S		
C T Corporation S	ystem					
$\hat{Q}$	nne E Dia	mend				
	(Signature)			-		

Filing Fee: \$35 for Designation of Registered Agent

## State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LINKSCORP FLORIDA WINDEMERE,
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 EIGHTH DAY OF FEBRUARY,
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

AUTHENTICATION:

9564052

DATE:

02-08-99

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