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Requestor's Name	the supplied to the supplied t	
660 Fast Jefferson Stree	et	
Address		90000000000
Tallahassee, FL 32301		900002794239 -03/04/9901043010
City State Zip	Phone	****285.00 ****285.00
CORPORATIO	ON(S) NAME	
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Safequard Developm	ent Group III, LL	STORIES
		上言
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() NonProfit	() Amendment	() Merger
Limited Liability Compan		O
4):Foreign	() Dissolution/Withdraw	val () Mark
() Limited Partnership	() Annual Report	() Other
() Reinstatement	() Reservation	() Change of R.A.
() Limited Liability Partner	rship	() Fictitious Name
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() Call When Ready	() Call if Problem	() After 4:30
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	3/4/99 PLEA	ASE RETURN EXTRA COPY S)
Document Examiner		FILE STAMPED TO THANKS
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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:

	3. 72-1437529 d Hability (FEI number,	if applicable)
1 1008	n	
	December 31, 2	050
0, 1998 ation)	(Duration: Year limited liab cease to exist or "perpotual")	ility company will
ted business in Flo	rida. (See sections 608.501, 608	.502 and 817.155, F.S.)
ns Blvd., S	uite 1008, Metairie	e, Louisiana 70
TITLE:	NAME & ADDRESS:	TITLE:
. Manage	r	
1., Suite 10	008	
ana 70005		
		· · · · -
		
	(Street as address of each ited liability continued liability cont	(Street address of principal office) as address of each managing member [MGRI mited liability company in Florida: (attach address: Manager 1., Suite 1008

PLOST - C T System Chiles

^{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 eath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN

The undersigned member or authorized representative of a member of

Development Group III , 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

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.)

Signature of a member or authorized representative of a member.

(In accordance with section 608,408(3), Florida Statutes, the execution of this artidavit constitutes an affirmation under the penalties of perjuty that the facts stated herein are true.)

Jack A. Chaney, authorized agent

Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

100

STATE OF LOUISIANA	90
PARISH COUNTY OF UEFFERSIN	
On this 3rd day of March, 19 49.	
JACK A. ChANET por	consily appeared before me,
who is personally known to me	٠.
whose identity I proved on the basis of	
(Notary Publico Signature)	
(Notary's Printed Name)	
Scal My Commission Expires:	

JACOB S. CAPRARO
NOTARY PUBLIC
Parish of Orleans, State of Louisiana
My Commission is issued for Life.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, TIME 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:			
_	Safeguard Development Group III, L.L.C.			
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)			
rger ela blig	ring been named as registered agent and to accept service of process for the above stated limited ility company at the place designated in this certificate, I hereby accept the appointment as registered and agree to act in this capacity. I further agree to comply with the provisions of all statutes ting to the proper and complete performance of my duties, and I am familiar with and accept the Corporation System			
	CONVIE BRYAN			

Filing Fee: \$35 for Designation of Registered Agent

SPECIAL ASSISTANT SECRETARY

(Signatule)

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SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Organization of

SAFEGUARD DEVELOPMENT GROUP III, L.L.C.

Domiciled at METAIRIE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 10, 1998,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

March 3, 1999

JCO 34716606K Secretary of State

