**Document Number Only** 000000361 500002806355 -03/15/99--01132--006 C T Corporation System \*\*\*\*320.00 \*\*\*\*320.00 Requestor's Name 660 Fast Jefferson Street Address 32301 Tallahassee, FL Phone State City -03/15/99--01132--007 \*\*\*\*\*70.00 CORPORATION(S) NAME (gmas), Florida () Profit () Merger () Amendment () NonProfit X Limited Liability Compan () Mark () Dissolution/Withdrawal ←Foreign () Other () Annual Report () Limited Partnership () Change of Rat. () Reservation () Reinstatement () Fictitious Name () Limited Liability Partnership () CUS () Photo Copies (2) CX Certified Copy () After 4:30 () Call if Problem () Call When Ready XX Pick Up () Will Wait 🗱 Walk In Mail O Name PLEASE RETURN EXTRA COPY(S) 3/15/99 Availability FILE STAMPED THANKS Document JOEY Examiner Updater MOITAROGROS TO HOISIVIO Veriller 65:11WY S1 8VH 66 Acknowledgment 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:

1. SMITH/FLORIDA GROUP, LLC	<u>.</u>
(Name of forei	gn limited liability company)
2. DELAWARE	3. APPLIED FOR
(Jurisdiction under the law of which foreign limited liab company is organized)	
4. FEBRUARY 26, 1999 (Date of Organization)	5. PERPETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")
6. upon registration	
(Date first transacted business in Florida.	(See sections 608.501, 608.502, and 817.155, F.S.)
7. 6200 N.W. 167TH STREET	- Alexander
MIAMI LAKES, FL 33014	-
(Street addr	ress of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR]who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
JAMES SMITH	MGR	JAMES SMITH	SECRET IVISION C 99 MAR
6200 N.W. 167TH STREET	_	6200 N.W. 167TH STREET	RETARI NOF OF C
MIAMI, FL 33014		MIAMI LAKES, FL 33014	CORPC CORPC
JOHN MINARICK	MGR	STEVEN GRIFFIN	STATE DRATIC P. 1:-21
100 SATURN PARKWAY		100 SATRUN PARKWAY	t NS
MD-371-999-F10 SPRING HILL, TN 37174	-	MD-371-999-F10 SPRING HILL, TN 37174	
JAMES CRANER	MGR	JAMES CRANER	SEC.
100 SATURN PARKWAY MD-371-999-F10 SPRING HILL, TN 37174	-	100 SATURN PARKWAY MD-371-999-F10 SPRING HILL, TN 37174	

#### ADDITIONAL SHEET TO

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SMITH/FLORIDA GROUP, LLC 6200 N.W. 167TH STREET MIAMI LAKES, FL 33014

8. List name, title, and business address of each managing member or manager who will manage the foreign limited liability company in Florida

NAME & ADDRESS

TITLE

SATURN CORPORATION

MEMBER

100 Saturn Parkway Spring Hill, TN 37174

DIVISION OF CORPORATIONS

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	
SMITH/ FLORIDA GROUP, LLCcertifies:	
1) 411	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ 3,700,000 ;
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	\$_N/A;
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.)	\$_3,700,000
Ateve W Mull	
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.)	SECRET DIVISION O
Steven W. Griffin	FILED ARY OF ST F CORPOR
Typed or printed name of signee	TATE ATION

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.

I. The name o	f the Limited Liability Company is:		
SMITH/FLOR	IDA GROUP, LLC		. =
2. The name a	nd the Florida street address of the registered agent and office are:		,
	CT CORPORATION SYSTEM	-	
	c/o CT CORPORATION SYSTEM (Name) 1200 SOUTH PINE ISLAND ROAD	99 MAR	SECRE
	Florida street address (P.O. Box NOT ACCEPTABLE)	- IS PH	FILED TARY OF OF CORP
	PLANTATION, FLORIDA 33324		S 1'A' 0'R A1
	City/State/Zip	24	TIONS

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: Marcia J. Sunahara, Asst. Vice President

Filing Fee: \$ 35 for Designation of Registered Agent

### State of Delaware

PAGE 1

### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SMITH/FLORIDA GROUP, 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 FIRST DAY OF MARCH, 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:** 

9600932

991077221

3010409 8300

DATE:

03-01-99