Document Number Only 00000458 CT Corporation System Requestor's Name 660 East Jefferson Street 400002820284--0 **Address** -03/26/99--01094--018 Tallahassee, FL 32310 222-1092 ****285.00 ****285.00 Zip Phone City State 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 XX Call if Problem () Call When Ready 例 Pick Up () Will Wait (x) Walk Ir () Mail C INISIUM OF COMPURATION Vame Please Return Extra Copies Availability File Stamped. Document Thank You!! Examinér Updatér Verifier, 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:

(Name of foreign limited habite company" or their abbreviations	s "L.L.C." or "L.C." if	with the words "limited liability cor not so contained in the name at pres	ent.)		
Delaware	3	37-1227988			
(Jurisdiction under the law of v company is organized)	vhich foreign limited	liability (FEI number, if app	olicable)		
3-25-99	5.	Perpetual			
(Date of Organiza	ation)	(Duration: Year limited liability c cease to exist or "perpetual")	ютрапу wiii		
April 9, 1999 (Date first transaction)	cted business in Florid	da. (See sections 608,501, 608,502	and 817.155, F.S	.)	
4 <u>11 Hamilton Blvd</u>	Suite 2002. Per	oria, II. 61602			
			·····		
1-1					
	•	dress of principal office)			
List name, title, and busing will manage the foreign lin		dress of principal office) managing member [MGRM] of pany in Florida: (attach addition	r manager [MC onal page if nec	iR] wl essary))
List name, title, and busing will manage the foreign line NAME & ADDRESS:		i	r manager [MC onal page if nec TITLE:	R] wl essary	10 ()
will manage the foreign in	ess address of each mited liability com	managing member [MGRM] or pany in Florida: (attach addition	<u>-</u>	·	o V)
will manage the foreign in NAME & ADDRESS:	ess address of each mited liability com TTTLE: MGR	managing member [MGRM] or pany in Florida: (attach addition	<u>-</u>	99 MAR	DIVISION (
NAME & ADDRESS: TCL Realty, Inc.	ess address of each mited liability com TTTLE: MGR	managing member [MGRM] or pany in Florida: (attach addition	<u>-</u>	99 MAR 26	DIVISION OF COR
NAME & ADDRESS: TCL Realty, Inc. 411 Hamilton Blvd.	ess address of each mited liability com TTTLE: MGR	managing member [MGRM] or pany in Florida: (attach addition	<u>-</u>	99 MAR 26	DIVISION OF CORPORA
NAME & ADDRESS: TCL Realty, Inc. 411 Hamilton Blvd.	ess address of each mited liability com TTTLE: MGR	managing member [MGRM] or pany in Florida: (attach addition	<u>-</u>	99 MAR	DIVISION OF CORPORATIONS
NAME & ADDRESS: TCL Realty, Inc. 411 Hamilton Blvd.	ess address of each mited liability com TTTLE: MGR	managing member [MGRM] or pany in Florida: (attach addition	<u>-</u>	99 MAR 26	DIVISION OF CORPORATIONS
NAME & ADDRESS: TCL Realty, Inc. 411 Hamilton Blvd.	ess address of each mited liability com TTTLE: MGR	managing member [MGRM] or pany in Florida: (attach addition	<u>-</u>	99 MAR 26	DIVISION OF CORPORATIONS

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	e undersigned member or authorized representative of a member ofCPOC_Realty	, L.L.C	<u>. </u>
	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	<u>\$ 1,000</u>	<u>) </u>
-	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.)	\$ <u> </u>	 ;
4)	and 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.)	\$ <u>1,000</u>	0
	Och J. Chis		
	Signature of a member or authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this attidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	99 MAR 26	SECRETARY DIVISION OF CO
	John S. Elias, Authorized Representative	-0	
	Typed or printed name of signee	112: 57	STATE ORATION

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:	
CPOC Realty, L.L.C.	
2. The name and the Florida street address of the registered agent and office are:	
C T CORPORATION SYSTEM	
(Name)	D
1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	SECRETARY OF CORF
Plantation FL 33324	RFORATIONS PM 12: 57
(City/State/Zip)	2: A
	ST ST
Having been named as registered agent and to accept service of process for the above stated in liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all states agent and the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the property of the above stated in this capacity.	tatutes
C T CORPORATION SYSTEM Anne E. Diamond	
Assistant Secretary Assistant Secretary	

Filing Fee: \$35 for Designation of Registered Agent

(FL057)

MODRICU PTC

רו כטעייטמאוזטי

77 • 0T 666T-1T-XHIJ

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 "CPOC REALTY, 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 TWENTY-FIFTH 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:

9650016

DATE:

03-25-99

3020649 8300