

Document Number Only

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CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

600002843746

600002843746-9  
\*\*\*\*285.00 \*\*\*\*285.00

CORPORATION(S) NAME

04/19/99 01067 012

Raines Management LLC

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
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Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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4/19/99

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. RAINES MANAGEMENT LLC

(Name of foreign limited liability company must end with the words "limited liability company" or "limited  
company" or their abbreviations "L.L.C." or "L.C." if not so contained in the name at present.)

2. Arizona

3. 52-2132530

(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 2, 1998

5. Perpetual

(Date of Organization)

(Duration: Year limited liability company will  
cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.))

7. 7626 E. GREENWAY RD., STE. 100, SCOTTSDALE, AZ 85021

(Street address 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:

see attached list

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.)

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MEMBERS:

*MGRM*

Joseph D. Shine  
Ronny Raines  
John Pollock  
Jim T. Wise  
John Wombwell

All at: 521 W. Walnut, Garland, TX 75040

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

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The undersigned member or authorized representative of a member of RAINES MANAGEMENT LLC

\_\_\_\_\_ certifies:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00 ;  
(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 \$ 1,000.00 .  
(This total includes amounts from 2 and 3 above.)

Jan Shine

**Signature of a member or 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.)

Joseph Shine

Typed or printed name of signer

**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.

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1. The name of the Limited Liability Company is:

RAINES MANAGEMENT LLC

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)

*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.*

C T CORPORATION SYSTEM

(Signature)

**MICHAEL E. JONES  
ASSISTANT SECRETARY**

**Filing Fee: \$ 35 for Designation of Registered Agent**