#### Accounting+Plus

Your Financial Management Company

May 3, 1999	=	YWN 66	SECRE SACTOR
Registration Section	<u> </u>	<u>.</u>	
Division of Corporations			, <del>-</del>
409 E. Gaines Street	=		글유미
Tallahassee, Fl 32399	<del>_</del>	ထဲ	32
RE: Application by Foreign Limited Liability Company	·	1/2	즐거
111 11ppiouton by 1 oroigi miniou mainty company		വ	S S
Dear Sir:	- 😅		unth
Enclosed you will find the necessary applications and certificates needed for regis. The check enclosed covers the application fee, the registered agent fee, and a certificate agent fee.		у.	5/7

The check enclosed covers the application fee, the registered agent fee, and a certificate of status.

Please mail all information to Sandy Humbert Accounting Plus 7094 Peachtree Ind Blvd Norcross, GA 30071

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Accounting Plus does all the accounting for S3 Tampa I, LLC., and keeps all company information. I can be reached for further questions at 770-840-0066.

Sincerely yours,

Sandra Humbert Accounting Plus

## 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: S3 Tampa I, LLC.
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.) Georgia (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. 9939 Fourth St N. St. Petersburg, FL 33703 (Street address of principal office) ά 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) TITLE: NAME & ADDRESS: TITLE: NAME & ADDRESS: MGRM Tom Watson 5020 Gallatree LAne Norcross, GA 30092

<sup>9.</sup> 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	
S3 Tampa I, LLC.	certifies:	
1) the above named limited liability company has at le	ast one member;	
2) the total amount of cash contributed by the member	(s) is	\$ 5000.00;
<ol> <li>if any, the agreed value of property other than cash (A description of the property is attached and made and</li> </ol>		<b>\$</b> ;
4) the total amount of cash and property contributed as by member(s) is (This total includes amounts from 2 and 3 above.)	nd anticipated to be contribut	ed \$ 5000.00 SECRETARY -4
Signature of a member or an author (In accordance with section 608.408(3), Fl affidavit constitutes an affirmation under the stated herein are true.)	orida Statutes, the execution of this	5
Tom Watson		<u> </u>
Typed or prin	ited name of signee	를

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	he Limited Liability Company is:	≒ <del>;</del>	
S3 Tampa	I, LLC.	<del>-</del>	
2. The name and	the Florida street address of the registered agent and office are:	— <del>हार्य</del>	
	Merle Butterick	=-	DIVISION BEOFF
	(Name)	<del></del> -	
	254 41st Ave NE		
	Florida street address (P.O. Box NOT ACCEPTABLE)	<u>·</u>	8 30 8 30 8 30
_	ST. Petersburg 33703 FL		25
_	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.

Sullick (Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

### **Secretary of State**

Corporations Division 315 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K91111083
CONTROL NUMBER : K906313
DATE INC/AUTH/FILED: O2/01/1999
JURISDICTION : GEORGIA
PRINT DATE : 04/21/1999
FORM NUMBER : 211

SANDY HUMBERT
ACCOUNTING PLUS
7094 PEACHTREE INDUSTRIAL BLVD. #220
NORCROSS GA 30071

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby! certify under the seal of my office that

#### S3 TAMPA 1, L.L.C. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. \_lt does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

CATHY COX 1

SECRETARY OF STATE

