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ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2015762
(Sub Account)

DATE: 5-14

REQUESTOR NAME: LEXIS

ADDRESS:

800002875788--0

TELEPHONE: () (-) ext ()

CONTACT NAME:

CORPORATION NAME: TVO Lakes, LLC

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard

2 Sets Please

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☐ PLAIN STAMPED COPY

FILED
99 MAY 14 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	<u>5/14/99</u>
Availability	<u>Dec</u>
Document Examiner	<u>3</u>
Updater	<u>DEC</u>
Updater/Verifier	<u>DEC</u>
Acknowledgement	<u>DEC</u>
W. P. Verifier	<u>DEC</u>

Call When Ready

() Call if Problem
() Will Wait

() After 4:30
() Pick Up

Walk In
Mail Out

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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:

1. TVO Lakes, L.L.C.
(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. Please Note: L.L.C. is not an acceptable suffix in Florida.)

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. May 10, 1999
(Date of Organization)

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

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

7. 203 North LaSalle Street, Suite 2100
Chicago, Illinois 60601.
(Street address of principal office)

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8. List and indicate in title space provided the name, title, and business address of each managing member[MGRM] or manager[MGR]. It is not necessary to list members.
(attach additional page if necessary)

NAME & ADDRESS:

TITLE:

NAME & ADDRESS:

TITLE:

David L. Vandenburg
70 East Lake St., Ste. 600
Chicago, IL 60601

Manager

Filing Fee: \$ 52.50 for Application

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

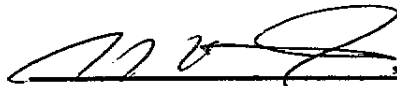
The undersigned member or authorized representative of a member of _____

TVO Lakes, L.L.C.

deposes and says:

- 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 \$ n/a . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 1,000.00 . This total includes amounts from 2 and 3 above.

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Nicholas J. Helmer, Authorized

Signature of a member or authorized representative of a member.

Representative

(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.)

Filing Fee: \$ 52.50 for 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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: TVO Lakes, L.L.C.

2. The name and address of the registered agent and office is:

LEXIS Document Services Inc.

(Name)

3953 W.W. Kelley Road

(P.O. Box or Mail Drop Box NOT acceptable)

Tallahassee, FL 32301

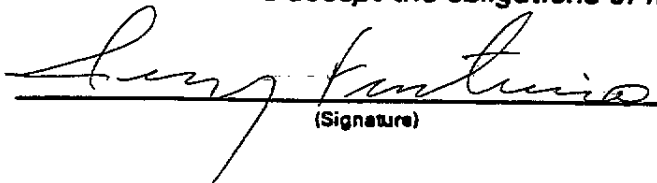
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.


(Signature)

5-13-99
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

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 "TVO LAKES, 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 TENTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TVO LAKES, L.L.C." WAS FORMED ON THE TENTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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99 MAY 14 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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991185257



Edward J. Freel, Secretary of State

9734980

AUTHENTICATION:

05-10-99

DATE: