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ACCOUNT	NO.	:	0721	0000003	2

REFERENCE : 277817

3487A

AUTHORIZATION

COST LIMIT : \$ 285.00

ORDER DATE : June 17, 1999

ORDER TIME: 12:07 PM

ORDER NO. : 277817-005_

CUSTOMER NO:

3487A

CUSTOMER: Ms. Sue Ryan

Icard Merrill Cullis Timm 2033 Main Street, Suite 600

P. O. Drawer 4195 Sarasota, FL 34237

PRINGS 58

FOREIGN FILINGS

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SIGNAL RIDGE, LLC

XXXX QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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SECRETATY OF STATE
TALL AHASSEE FLORIDA

5 pages

Application by Foreign LLC 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:

	Signal Ridge, LLC			
		(Name of foreign lin	nited liability o	company)
•	Colorado (Jurisdiction under the law of whic liability company is organized)	h foreign limited	3.	84-1352616 (FEI number, if applicable)
	3-1-97 (Date of Organization)		5.	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
•	June 1,1999 (Date first transacted bu	siness in Florida. (Se	e Sections 60	8.501, 608.502, and 817.155, F.S.)
•	2033 Main Street, Suite 10	1, Sarasota, Flor (Street address		
•	List name, title, and busin who will manage the fore necessary)	ess address of e going limited lia	each mana bility com	nging member [MGRM] or manager [MGR] repany in Florida: (attach additional page if
	NAME & ADDRESS: Gregory Kent 2033 Main Street Suite 101 Sarasota, FI 34237	TITLE Mgr.		ATE RIDA

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of Sate 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.)

F:WSERSWGPWGPCICLIENTSIKIKENTISIGNALRIFOR APP

Affidavit of Membership and Contributions of Foreign LLC

The undersigned member or authorized representative of a member of Signal Ridge, LLC certifies:

1) the above named limited liability company has at least one member: the total amount of cash contributed by the member(s) is \$ 400,000.00; 2) - 0 -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 \$ 400,000.00; 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts for 2 and 3 above.) Ÿ 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 and affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEE: \$250.00 for Application and Affidavit

J. G. Rilugner

STATE OF FLORIDA COUNTY OF SARASOTA

The foregoing instrument was ack	mowledged before me this 157 day of Juve,
1999 by J.G. PFLUGNER	as AUTHORIZED REPRESENTANCE of A
U	s personally known to me or who has produced ification and who did not thake an oath.
TAMBLA D. TOMS MY COMMISSION # CC 717472 EVALUATION AND TOMS MY COMMISSION # CC 717472 EVALUATION AND TOMS MY COMMISSION # CC 717472	Hanbla D. Jans Notary Public My Commission Expires:



Typed or printed name of signee

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 Compa	ny is:	
	Signal Ridge, LLC		
2.	The name and the Florida street address	of the registered agent and office are:	
	J. Geoffrey Pflugner		
	(Name)	SE TAL	99
	2033 Main Street, Suite 101		
	Sarasota, FL 34237	treet Address (P.O Box <u>NOT</u> accepta <u>ble)</u>	
	City/State	z/Zip E GE STAT FE STAT	PM 2:
liability agent a to the p	g been named as registered agent and to ac y company at the place designated in this ce and agree to act in this capacity. I further a proper and complete performance of my du sition as registered agent.	ertificate, I hereby accept the appointment gree to comply with the provisions of all sta	as registered atutes relating
	(Signature)		

Filing Fee: \$ 35 for Designation of Registered Agent



STATE OF COLORADO

DEPARTMENT OF STATE

CERTIFICATE

I, VICTORIA BUCKLEY, SECRETARY OF STATE OF THE S

COLORADO HEREBY CERTIFY THAT

ACCORDING TO THE RECORDS OF THIS OFFICE

SIGNAL RIDGE, LLC (COLORADO LIMITED LIABILITY COMPANY)

FILE # 19961100937 WAS FILED IN THIS OFFICE ON July 31, 1996
AND HAS COMPLIED WITH THE APPLICABLE PROVISIONS OF THE
LAWS OF THE STATE OF COLORADO AND ON THIS DATE IS IN GOOD
STANDING AND AUTHORIZED AND COMPETENT TO TRANSACT BUSINESS
OR TO CONDUCT ITS AFFAIRS WITHIN THIS STATE.

Dated: May 25, 1999

Victoria Buckley
SECRETARY OF STATE