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Division of Corporations	Page 1 of 1 9 1VIS
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Florida Department of State Division of Corporations Public Access System Katherine Hards, Secretary of State	PH 1:53
Electronic Filing Cover Sheet	
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To: Division of Corporations Fax Number : (\$50)922-4003	HIDA HI
From: Account Name : PROSKADER ROSE GOETZ & MENDELSONN Account Number : 074673001063 Phone : (561)995-4751 Fax Number : (561)241-7145	
FOREIGN LIMITED LIABILITY COMPANY	Name
Schumacker/Carter, LLC	Availability Document Examiner
Certificate of Status	Updater
Certified Copy 1 Page Count 04	Updater Verifyer
Estimated Charge \$346.25	Acknowledgemer
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 28, 1999

PROSKAUER ROSE GOETZ & MENDELSOHN

SUBJECT: SCHUMACKER/CARTER, LLC REF: W99000017518

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheat.

You must provide this office with the agreed value and a written description of the property and/or services you refer to in your affidavit. You may amend your affidavit to include this description or include an attachment.

Please return your document, along with a copy of this letter, within 50 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist FAX Aud. #: H99000018641 Letter Number: 699A00038562

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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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. SCHUMACKER/CARTER, LLC		-			
(Name of foreign limited liability c company" or their abbreviations "L	ompany must .L.C." or "L.C.	end with the work " if not so contain	ds "limited liability co ned in the name at pre	ompany" or "limi sent.)	ited
2. Delaware	3_applied for				
(Jurisdiction under the law of whic company is organized)	h foreign limi	ted liability	(FEI number, if ap	plicable)	<u></u>
4 June 24, 1999	-	5 Perpetual			
(Date of Organization					
6. upon qualification					
(Date first transacted	business in Fl	orida. (See sectio	ns 608.501, 608.502	and 817.155, F.S	5.)
7. 1389 N.W. 136th Avenue					
Sunrise, FL 33323		-			
	(Street	address of principa	l office)	.	
 List name, title, and business an will manage the foreign limited 	ddress of eac I liability co	ch managing m mpany in Floric	ember [MGRM] or la: (attach addition	manager [MG nal page if nec	JR] who essary)
NAME & ADDRESS:	TITLE:	NAME &	ADDRESS:	TITLE:	
Schumacker Management, Inc.	MGRM				
1389 N.W. 136th Avenue			<u> </u>	-	56 S ¹ AID
Sunrise, FL 33323				_	SECRETARY WISION OF CO
	······			<u> </u>	
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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.)

Donald E. Thompson, II, Esq. FL Bar No. 0608262			
Proskauer Rose LLP, 2255 Glades Road, Suite 340W			
Boca Raton, FL 33431 561/995-4721			

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State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCHUMACKER/CARTER, LLC" 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-THIRD DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCHUMACKER/CARTER, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JUNE, 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:

07-23-99

9883826

DATE

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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.

The name of the Limited Liability Company is: 1.

SCHUMACKER/CARTER, LLC

The name and the Florida street address of the registered agent and office are: 2.

> C T Corporation System (Name)

1200 South Pine Island Road

Fiorida 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

iantano u

(Signature

BABARA A. NUEKE SPECIAL ASSISTANT SPCRETARY

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Filing Fee: \$35 for Designation of Registered Agent

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of	of a member of	·
SCHUMACKER/CARTER, LLC	certifies:	
1) the above named limited liability company has at le	east one member;	
2) the total amount of cash contributed by the membe	r(s) is	\$;
 if any, the agreed value of property other than cash (A description of the property is attached and made 	a contributed by member(s) is a part hereto.) *	\$_150.00;
 and 4) the total amount of cash and property contributed a by member(s) is (This total includes amounts from 2 and 3 above.) 	and anticipated to be contributed	<u>\$ 1,000.00</u> .
(In accordance with section 608.408(3) affidavit constitutes an affirmation und stated herein are true.)	nc., Managing Member <u>President</u> orized representative of a memb), Florida Statutes, the execution of this der the penalties of perjury that the facts <u>Schumcker</u> tod name of signee	er.

Typed or printed name of signee

* The contributed property consists of certain real property and related improvements located in Lake Worth, Florida and Dallas and Forth Worth, Texas. The agreed value of the contributed property is net of certain assumed mortgage liabilities relating to such property.

Filing Fee: \$250.00 for Application and Affidavit

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