2000/200 Document Number Only CT Corporation System Requestor's Name 660 East Jefferson Street Address 32301 (850)222-1092 700002947387--6 Tallahassee Phone -08/02/99--0109D--013 State City ****337.50 ****337.50 CORPORATION(S) NAME () Merger () Profit () Amendment () NonProfit () Mark () Dissolution/Withdrawal CA Eoreign () Other ucc Filing () Annual Report CKLLC LLC () Change of R.A. () Limited Partnership () Reservation () Reinstatement () CUS () Photo Copies Certified Copy () After 4:30 () Call if Problem 致 Pick Up () Call When Ready () Will Wait ₩alk In Mail Out TIT Please Return Extra Copies Name Availability File Stamped To: Document Examiner Butterfield Updater Verifier Acknowledgment W.P. Verifier

CR2E031 (1-89)

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:

Name of foreign limited liability ompany" or their abbreviations "	company must end L.L.C." or "L.C." if	with the words "limited liability co not so contained in the name at pre	mpany" or "limited sent.)
elaware	3	3. Analyed For	
(Jurisdiction under the law of wh company is organized)	ich foreign limited	3. Applied For- liability (FEI number, if ap	plicable)
uly 23, 1999	<u></u> 5	Perpetual	
(Date of Organization	on)	(Duration: Year limited liability cease to exist or "perpetual")	company will
Upon qualification			
(Date first transacte	d business in Flori	da. (See sections 608.501, 608.502	and 817.155, F.S.)
710 Yorklyn Ro <u>ad</u> , Ho			
	(Street add	lress of principal office)	
List name, title, and business	address of each	managing member MGRM or	r manager [MGR] w
List name, title, and business will manage the foreign limit NAME & ADDRESS:	address of each ted liability comp	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS:	r manager [MGR] wonal page if necessar
will manage the foreign limit	ted liability com	oany in Florida: (attach additio	nal page if necessar
will manage the foreign limit NAME & ADDRESS:	ted liability comp	oany in Florida: (attach additio	nal page if necessar
will manage the foreign limit NAME & ADDRESS: Clark Minker	ted liability comp	oany in Florida: (attach additio	TITLE:
will manage the foreign limit NAME & ADDRESS: Clark Minker 710 Yorklyn Road	ted liability comp	oany in Florida: (attach additio	TITLE:
will manage the foreign limit NAME & ADDRESS: Clark Minker 710 Yorklyn Road Hockessin, DE 19707	TITLE: MGR	oany in Florida: (attach additio	TITLE: SECRETARY ALLAHASSE
will manage the foreign limit NAME & ADDRESS: Clark Minker 710 Yorklyn Road Hockessin, DE 19707 Glenn Thornhill	TITLE: MGR	oany in Florida: (attach additio	TITLE:
will manage the foreign limit NAME & ADDRESS: Clark Minker 710 Yorklyn Road Hockessin, DE 19707 Glenn Thornhill 1920 Tarpon Road	TITLE: MGR	oany in Florida: (attach additio	TITLE: 99 AUG - 2 PA
will manage the foreign limit NAME & ADDRESS: Clark Minker 710 Yorklyn Road Hockessin, DE 19707 Glenn Thornhill 1920 Tarpon Road Naples, Florida 34102	TITLE: MGR MGR MGR	oany in Florida: (attach additio	TITLE: SECRETARY OF STAIL AND SEE, FLORE

^{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.)

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 Li	mited Liability Company is:
Solera Realty and Developme	ent LLC
2. The name and the I	lorida 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)
liability company at the ple agent and agree to act in the	stered agent and to accept service of process for the above stated limited ace designated in this certificate, I hereby accept the appointment as registered is capacity. I further agree to comply with the provisions of all statutes complete performance of my duties, and I am familiar with and accept the as registered agent.
C T Corporation System Countie Bru (Signature	CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
	T-sc.

Filing Fee: \$35 for Designation of Registered Agent

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

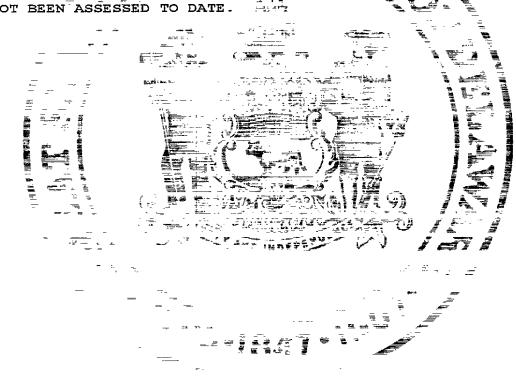
T	he undersigned member or authorized representative of a member of Solera Realty and	Development LLC
-	certifies:	
1)	the above named limited liability company has at least one member;	
2)	the total amount of cash contributed by the member(s) is	\$ 30,000
	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	<u>\$_0</u>
		\$ 30,000
	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.)	•
	CLARK MINKER	
	Typed or printed name of signee	99 AL

Filing Fee: \$250.00 for Application and Affidavit

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLERA REALTY AND DEVELOPMENT 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 THIRTIETH DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE



Edward J. Freel, Secretary of State

9896506

AUTHENTICATION:

07-30-99

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