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Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

Verifier

Acknowledgement W.P. Verifier

CORPORATION(S) NAM	E	5000030157: -10/15/99010 ****125.00 *	95 38015 ***125.0
Stembler Management Cor	npany, LLC		
() Profit () Nonprofit	() Amendment	() Merger	:
(x) Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	· - -
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name	() Other SC 96 () Change of RA 0 () UCC SS C	M
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	THE FOLLOWING IS SUBMITTED TO REC TATE OF FLORIDA:	
Stembler Management Company, LLC		÷
(Name of foreign limi	ted liability company)	<i>z</i>
•		
Georgia 3.	(FEI number, if applicable)	
risdiction under the law of which foreign limited liability mpany is organized)	(X III Manageri, approximately	
	Danie de la companya	
May 21, 1999 5.	Perpetual (Duration: Year limited liability company	will case to
(Date of Organization)	exist or "perpetual")	will cease to
September 20, 1999		
(Date first transacted business in Florida. (See se	ctions 608.501, 608.502, and 817.155, F.S.)	
		·
2999 Piedmont Road, 2nd Floor, Atla	iica, Georgia 30300	
(Street address of	principal office)	
(Differ and one of	F	99 99
f limited liability company is a manager-managed co	ompany, check here	<u> </u>
i milited matrices company is a manager manager	·	- ZA
The usual business addresses of the managing memb	ers or managers are as follows:	5
		-p - O
2999 Piedmont Road, 2nd Floor, Atla	inta, Georgia 30305	<u></u>
		6 2 6
	en in service de la companya de la c	w
		ធំនេះ
Attached is an original certificate of existence, no more than 90 c	lays old, duly authenticated by the official hav	ing custody of records
Allacted is all original certificate of existence, no fixed data you	vis not acceptable. If the certificate is in a for	zign language, a
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Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92870315
CONTROL NUMBER : K921299 DATE INC/AUTH/FILED: 05/21/1999 JURISDICTION : GEORGIA : 10/14/1999 PRINT DATE PRINT DATE : 10/14/1999
FORM NUMBER : 211

CT CORPORATION SYSTEM JO ANN HODSON 1201 PEACHTREE STREET, N.E. ATLANTA, GA 30361

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

STEMBLER MANAGEMENT COMPANY, LLC 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 filling 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 abovenamed entity as of the date issued. It 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 Secretary of State

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 Company is:

Stembler Management Company, LLC

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

C T Corporation System (Name)

c/o C T Corporation System, 1200 South Pine Island Road
Florida 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 as provided for in Chapter 608, F.S.

Signature

Signature