

C T CORPORATION SYSTEM

Requestors Name 660 East Jefferson Stree	t			
Address Tallahassee, FL 32301	(850)222-1092			
City State Zip	Phone	3000030426537		
CORPORATIO	N(S) NAME	-11/12/9901065021 ****125.00 ****125.00		
Centennial	Asset Manac	gement, L.L.C.		
) <u> </u>		
		SS: PO		
		E P		
() Profit () NonProfit	() Amendmer	nt () Meger 2:		
M Limited Liability Company	() Dissolution	Withdrawal () Mark		
W Foreign Qualification	() Dissolution	/ Well diewei () Well		
() Limited Partnership	() Annual Rep	port () Other		
() Reinstatement	() Reservation	n () Change of R.A.		
() Limited Liability Partner	rship	() Firtitious Name		
() Certified Copy	() Photo Cop	ies () Eds 3		
() Call When Ready	() Call if Prob	lem ():After 4:50		
Walk In	() Will Wait	A PLOK UPD THE		
() Mail Out	• • • • • • • • • • • • • • • • • • • •			
here				
Name Availability	\mathcal{V}_{I}	PLEASE RETURN FYTRA COPY(S)		
Document	112	FILE STAMPED		
Examiner	,,,	THANKS		
Updater		LAURA EARNEST		
Verifier				
		<u>.</u> .		
Acknowledgment				
W.P. Verlfier	•	. •		

TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Centennial Asset Management, L.L.C.			
(Name of foreig	gn lim	ted liability company)	
South Carolina	3	Applied For	
Jurisdiction under the law of which foreign limited liabilit company is organized)	Ď.	(FEI number, if applicable)	
November 9, 1999	5.	December 31, 2050	
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
Upon qualification (Date first transacted business in Florida, ()	See se	ctions 608,501, 608,502, and 817,155, F.S.)	
800 Fifth Avenue South, Suite 203	-		
Naples, Florida 34102			
(Street addre	ess of	principal office)	
If limited liability company is a manager-manag	ed co	mpany check here	
it minua naomiy company is a manager-manage	,000	impany, check here	
The usual business addresses of the managing m	iembe	ers or managers are as follows:	
Confirm M. College 200 Bisth Assessed	G1		
Geoffrey M. Salkow, 800 Fifth Avenue	Sout	in, Suite 203, Napies, Fiorida 34102,	·——
Managing Member			
		sold, duly authenticated by the official having custody of rec	ords in
urisdiction under the law of which it is organized. (A photos			
lation of the certificate under oath of the translator must be s	NA DECIMA	EL) 75 9	
Nature of business or purposes to be conducted	OT DE	omoted in Florida: Principal office	I 5.
	P-		
for a money manager with a single cli	ient	located outside of Florida.	
for a money manager with a single cli	ient 	P III	 : :,
Signature of a member or an a (In accordance with section 608.408(3)	autho	rized representative of a member 200 the execution of this document constitutes 200 the execution and the execution a	
Signature of a member or an a	autho:	rized representative of a member 200 the execution of this document constitutes 200 the execution and the execution a	

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 nam	e of the Limited Liabi	ility Company is:	
		_	
Cent	ennial Asset Manag	gement, L.L.C.	
2. The nam	e and the Florida stree	et address of the registered agent and o	ffice are:
	C T Corporation Sys	tem	
		(Name)	
	c/o C T Corporation	System, 1200 South Pine Island Road	
	Florid	a street address (P.O. Box NOT ACCEPTABLE	E)
	Plantation	FL 33324	
		City/State/Zip	 -
liability compagent and ag relating to th	pany at the place design gree to act in this capac ne proper and complete of my position as registe	gent and to accept service of process for mated in this certificate, I hereby accept the comply with the performance of my duties, and I am famered agent as provided for in Chapter 60 MARY R. ADAMS	the appointment as fegistered provisions of all statutes uiliar with and accept the

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

The State of South Carolina



99 NOV 12 PM 3: 00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Office of Secretary of State Jim Miles

Certificate of Existence

I, Jim Miles, Secretary of State of South Carolina Hereby certify that:

CENTENNIAL ASSET MANAGEMENT, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 9th, 1999, with a duration that is until December 31st, 2050, has as this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 9th day of November, 1999.

Jim Miles, Secretary of State