Macunent number only Color only C

C T Corporation System	n .	
Requestor's Name 660 East Jefferson St	reet	0000030692609 -12/14/9901090015
Address Tallahassee, FL 32301	(850) 222-1092	-1271479901090015 ****125.00 ****125.00
City State Zip	Phone	0000030698609
CORPOR	ATION(S) NAME	-12/14/9901090020 ****385.00 *****35.00
FOA 5301-	5570 West Idlewi	1d Avenue LITES 98
() Profit () NonProfit ★ Limited Liability Co	() Amendment	CIL PM COMST
Foreign	() Dissolution/W	/ithdrawal () Mgh 8 whith
() Limited Partnership () Reinstatement	() Annual Repor () Reservation	t () Other レンプロ () Change of R.A. () Fictitious Name
Certified Copy	() Photo Copies	S / G/S
() Call When Ready Walk In () Mail Out	() Call if Probler () Will Wait	n () After 4:30 99 DFC PICK UP PICK UP 7
Name Availability	12/14	PLEASE RETURNEEXTRA COPY(S) FILE SEAMPED
Document Examiner		25 +55
Updater		THANK YOU! CONNIE BRYAN
Verifier Acknowledgment		
W.P. Verifier		

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. FOA 5301-5570 W	est Idlewild Avenue LLC			-				
	(Nar	ne of foreign li	nited liability	company)	-			
2. Delaware			52~2204959					
(Jurisdiction under t	he law of which foreign lim ed)	ited liability		(FEI number,	if applicable	le)		-
4. November 19, 199		5.						
(Date	e of Organization)		(Duration: exist or "p	Year limited lia erpetual")	ability comp	any will c		
ς December 20, 199	9					AEC:	99	
<i>)</i> • · · ·	te first transacted business in	n Florida. (See	sections 608.5	01, 608.502, an	d 817.155, F	TEE.	030	Π
7 c/o Alliance Comr	nercial Holdings II, LLC, U	nion Tower, Su	ite 380, 165 S	outh Union Blv	d., Lakewoo	08 <u>693</u> 70	228	-
						# 9	70 [ġ
		Street address o	f principal of	Fica)		ES	<u> </u>	ر
	,	oucot addices c	y bruscipar on	(100)		PAT:	ය. 00	
3. If limited liabili	ty company is a manag	er-managed o	ompany, ch	eck here		> · · ·	0	
The ucual bucin	ess addresses of the ma	naging mem	hers or man	agora aro as f	ollower			
. The usual busin	ess addresses of the ma	maging mem	octs of illan	agers are as r	onows.			
c/o Alliance Com	mercial Holdings II, LLC, U	Jnion Tower, S	uite 380, 165	S. Union Blvd.,	Lakewood,	Colorado	80228	
						,		
								
Attached is an origi	inal certificate of existence, no	o more than 90 c	lays old, duly a	uthenticated by	the official ha	aving cust	ody of rec	ords
	e law of which it is organized	`		ble. If the certific	ate is in a for	eign lang	uage, a	
ranslation of the certific	cate under oath of the translat	or must be subm	nitted.)					
11. Nature of busi	ness or purposes to be o	conducted or	promoted is	n Florida: Ma	magement a	nd develo	pment	
of real estate.								
							·	
	Signature of a mem					`.		
	(In accordance with section an affirmation under the page 2)							
	Andrea M. Carruthers		1/1)	hist				
		ed or printed	name of sig	nee		-		

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:

FOA 5301-5570 West Idlewild Avenue LLC

2.	The name and the Florida street address of the registered agent and office are:	SEC	99	
		AH,	330	77
	C T Corporation System	ARY	=	
	(Name)	F. 9	골	
	c/o C T Corporation System, 1200 South Pine Island Road	STATE	<u>ယ</u> တ	
	Florida street address (P.O. Box NOT ACCEPTABLE)		0	
	Plantation FI, 33324			

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.

City/State/Zip

C T Corporation System

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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 "FOA 5301-5570 WEST IDLEWILD AVENUE

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-SECOND DAY OF

NOVEMBER, A.D.-1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL PAXES HAVE
NOT BEEN ASSESSED TO DATE.

C 14 PM 3: 00
TARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION:

0096742

11-22-99

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TE:

DATE: