

1999000

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8862 Fax (850) 222-1222

002057

ZR APOPKA, LLC

400003078934--7
-12/23/99-01024-006
****160.00 ****160.00

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File *Cor*
- L.C. File
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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12/23

99 DEC 23 AM 10:43

RECEIVED

Signature

Requested by:

Name *LM* Date *12/23* Time *9:59 am*

Walk-In _____ Will Pick Up _____

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. ZR APOPKA, LLC
(Name of foreign limited liability company)

2. North Carolina 3. Applied for
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 14, 1999 5. December 31, 2050
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. From and after date of filing and acceptance of this application.
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 501 Washington Street,
Durham, North Carolina 27701
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:
Todd Zapolski
City Place
501 Washington Street
Durham, North Carolina 27701

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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: Operation, sale,

and leasing of property and all other business in which the company
may lawfully engage.

[Signature]
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Harold L. Lewis

Typed or printed name of signee

**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:

ZR APOPKA, LLC

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

Harold L. Lewis

(Name)

2 South Biscayne Boulevard, Suite 2400

Florida street address (P.O. Box NOT ACCEPTABLE)

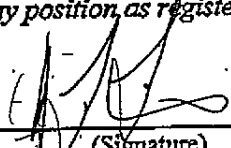
Miami,

FL

33131

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)
Harold L. Lewis

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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STATE OF NORTH CAROLINA



Department of The
Secretary of State

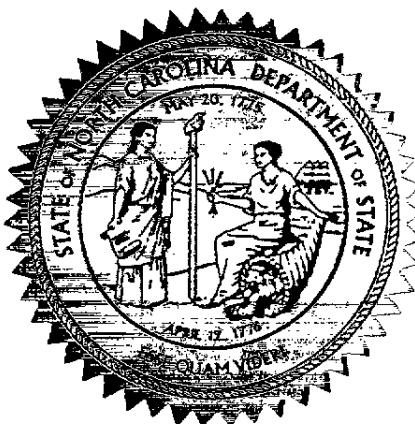
CERTIFICATION OF EXISTENCE

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

ZR APOPKA, LLC

is a corporation duly created, organized, and existing under the laws of the State of North Carolina, having been incorporated on the 14th day of December, 1999, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of December, 1999.

Elaine F. Marshall

Secretary of State

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TALLAHASSEE FLORIDA