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| Address Tallahassee, FL | 323 <u>01</u> | (850)2 | 22-1092 |

State

City

CORPORATION(S) NAME

Phone

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| W.F. Verifier | ~ .) | |

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 23, 1999

C T CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301

SUBJECT: CALDWELL FAMILY ASSOCIATES LLC

Ref. Number: W99000029324

We have received your document for CALDWELL FAMILY ASSOCIATES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 799A0006011

DEC 23 PM 3: 14

Please backdate for 12/23/99. Thanks!

Laura

Correction Made

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99 DEC 27 AM 10: 58
DIVISION OF STATE O

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 | aldwell Family Assoc of foreign limited liability company a ained in the name at present.) | must end with the wo | rds "limited company" or their abbres | viation "L.C." if not |
|-----------|--|--|---|-----------------------------------|
| | - , | | | |
| . De | elaware ction under the law of which foreign | 3. | Applied For | |
| compan | y is organized) | i limited hability | (FEI number, if applic | able) |
| <u>Αι</u> | ıgust , 1999 | 5. | Perpetual | - |
| | (Date of Organization) | | (Duration: Year limited liability cor exist or "perpetual") | npany will cease to |
| . 11 | non Ovalification | | • • • | |
| | (Date first transacted busine | ess in Florida. (See se | ctions 608.501, 608.502, and 817.155 | 5, F.S.) |
| 99 | 9 Ouaker Road, Scot | tsville, NY | 14546 | |
| | | | · | 991 SEC |
| - | | (Street address of | principal office) | |
| | | , | , | ≥ × ~ - |
| List no | me title and husiness address | . C | | |
| Lioi iiai | are, mae, and oughtess address | of each managing | r memberi MiCik MII or manager | INTERPOSITION I |
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| will ma | unage the foreign limited liability | ity company in Flo | g member[MGRM] or manager orida: (attach additional page if | inecessary) |
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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.)

99 DEC 23 PM 3:

Signature of a member or an 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.)

Robert L. Caldwell

Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Caldwell Family Associates, LLC.
- 2. The name and address of the registered agent and office is:

CT Comporation System 1200 South Pine Island Road Plantation, FL 33324 99 DEC 23 PM 3
SECRETARY OF S
TALLAHASSEE FL

Having been named as registered agent and to accept service of process for the appreciated 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.

The Corporation Trust Company

(Signature)

Kevin A. Sebunia, Asst. Sec

12-22-99

(Date)

$State\ of\ Delaware$

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CALDWELL FAMILY ASSOCIATES, 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 SEVENTEENTH DAY OF DECEMBER, A.D.
1999.

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

99 DEC 23 PM 3: 14.
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE:

12-17-99