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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

FOREIGN LIMITED LIABILITY COMPANY

9056, LLC

	
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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MW3-366

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GORSOL FLORIDA STÁTUTES. THE FULLDINING IS SUBMITTED TO REGISTER A FORUSAN LIMITED I JABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 9056. LLC (Name of fortiers limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) -14-00 (Duration: Year limited liability company will ocuse to exist or "perpetual") (Date of Organization) 11-5-03 Dute first transacted business in Floridi, (See sections 608,501, 608,502, and 817,155, F.S.) (Sweet 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 fellows: 9056 Penn Avenue South Eleomington, HW 55431 10. Attached is an original certificate of existence, no morephen 90 days old, duly subcrated by the official having autody of recording the jurisdiction under the law of which it is organized. As phonocypis not acceptable. If the certificate is in a fereign language a translation of the certificate under each of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: - CONDO Signature of a member of an authorized representative of a member. (in several ance with section \$0.8403(3), P.S., the execution of this document constitutes an affirmation under the panaltips of perjury that the facts sected berein use true;

Typed or printed name of signce

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:

9056, LLC	<u> </u>
2. The name and the Florida street address of the registered agent and office are:	
	i
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, PL 33324	
(City/State/Zip)	
Having been named as registered agent and to accept service of process for the abeliability company at the place designated in this certificate, I hereby accept the appregistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am far accept the obligations of my position as registered agent as provided for in Chapter CT Corporation System By:	ointment as te provisions of all niliar with and
Assistant Security	
\$ 100.00 Filing Res for Ambiention	

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

\$ 5.00

State of Minnesota

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SECRETARY OF STATE

Certificate of Good Standing

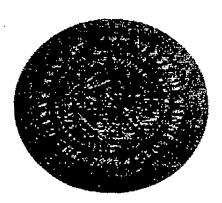
Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a liability company formed or registered to do business limited under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to business an application for a certificate of by filing authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: 9056, LLC

Date Formed or Registered: February 14, 2000

State of Organization: Minnesota

This certificate has been issued on October 31, 2003.



Mary Hiffmager Secretary of State.