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CUSTOMER NO:	4311639	·			
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	<u>FOREIGN FILI</u>	<u>NGS</u>			
NAME:	MSKP MURDOCK, LI	ıC .			

XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX \_\_ CERTIFIED COPY CONTACT PERSON: Cindy Harris -- EXT# 2937 EXAMINER:

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION 20 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:

MSKP MURDOCK, LLC	R
(Name of Foreign Limited	Liability Company)
DELAWARE	3. APPLIED FOR
Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
OCTOBER 4, 2006	5 PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
UPON QUALIFICATION	
(Date first transacted business in See sections 608.501 & 608.502 F	Florida, if prior to registration.) S. to determine penalty liability)
9055 IBIS BOULEVARD, WEST PALM BEAC	H, FLORIDA 33412
(Street Addre	ss of Principal Office)
TCS:	-J
If limited liability company is a manager-manage	od company, check here []
The name and usual business addresses of the ma	
BABCOCK FLORIDA COMPANY, 9055 IBIS BOULE	EVARD, WEST PALM BEACH, FL 33412
	<u> </u>
	30 days old, duly authenticated by the official having custody of reco
• • • • • • • • • • • • • • • • • • • •	copy is not acceptable. If the certificate is in a foreign language, a
nslation of the certificate under oath of the translator must be su	Ibmitted.)
. Nature of business or purposes to be conducted	or promoted in Florida:
ANY LAWFUL BUSINESS PERMITTED BY THE LAN	NS OF THE STATE OF FLORIDA.
Babcock Fibrida Company	_ Member
Signature of # member or an	authorized representative of a member.
(in accordance with section 608.408(3)	), F.S., the execution of this document constitutes erjury that the facts stated herein are true.)
By: Sydney W. Kitson, Chief E:	
	ted 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:
_	MSKP MURDOCK, LLC
2.	The name and the Florida street address of the registered agent and office are:
	CORPORATION SERVICE COMPANY_
	(Name)
	1201 HAYS STREET
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	TALLAHASSEE FL 32301
	City/State/Zip
lid ag re oi	aving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as registered gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes elating to the proper and complete performance of my duties, and I am familiar with and accept the bligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.  Cynthia L. Harris  as its agent  (Signature)

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

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MSKP MURDOCK, 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 SIXTH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSKP MURDOCK, LLC" WAS FORMED ON THE FOURTH DAY OF OCTOBER, A.D. 2006.

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



arriet Smith Hindan
Harriet Smith Windsor, Secretary of State

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5173049

DATE: 11-06-06

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