networks PRENTICE HALL SERVICES ACCOUNT NO. 1 072100000032 REFERENCE : 111040 6258A AUTHORIZATION COST LIMIT S PR ORDER DATE : October 7, 1996 ORDER TIME : 11:03 AM ORDER NO. : 111040 ######70.00 #####70.00 CUSTOMER NO: 6258A CUSTOMEP.: Dennis P. Cronin, Esq BOND SCHOENECK & KING, P.A. Suite 107 1167 Third Street South

Naples, FL 339407098

DOMESTIC FILING

NAME: PELICAN LAKE, INC.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

TRANSMITTAL LETTER

TO:	Qualification/Tax Lien Section Division of Corporations
SUBJE	CT: Polican Luke, Inc. (Name of corporation - must include suffix)
Dear S	ir or Madam:
The en Florida foreign	closed "Application by Foreign Corporation for Authorization to Transact Business in a", "Certificate of Existence", and check are submitted to register the above referenced a corporation to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Richard E. Levine, Esq.
	(Name of Person)
	Miles & Stockbridge, P.C. (Firm/Company)
	10 Light Street
	(Address)
	Baltimore, MD 21202
	(City/State/Zip)
Should	you need to call someone concerning this matter, please call:
Rich	ard E. Levine
-	(Name of Person) at (410) 385-3536 (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Polican Lako, Inc.		
	(Name of corporation: must include the word "INCORPORA' words or abbreviations of like import in language as will clean natural person or partnership if not so contained in the name.	rED", "COMPANY", "CORPORATION" or ly indicate that it is a corporation instead of a at present.)	
2.	Maryland		
_,	(State or country under the law of which it is incorporated)	Applied for (PBI number, if applicable)	
		(- 22 manifest, it applicants)	
4.	September 9, 1996	Perpetual	
	(Date of Incorporation)	(Duration: Year corp. will cease to exist or	
		"perpetual")	, i • ,
_	Ontohau 1 1000		
6.	October 1 , 1996 (Date first transacted business in Florida. (SEE SECTIONS 6	N. LON CO. TO STATE OF THE STAT	,
-7	2330 W Toppe Bond Suite 010 Tops	07.1301, 607.1302, AND 817.133, F.S.)	1
7.	2330 W. Joppa Road, Suite 210, Luthe vi	ile, Maryland 21093	
			ď
	(Current mailing ac	and the first of the control of the	: V
	To act as general partner of Pelican Lake I	imited Partnership and other real es	3t
5.		100000 COSI	n
_	(Purpose(s) of corporation authorized in home state or country other lawful business.	y to be carried out in the state of Florida)	
9.	Name and street address of Florida registered and		
		n: (P.O. Box or Mail Drop Box NOT	
	acceptable)	ma: (P.O. Box or Mail Drop Box NOT	
		and the first of t	
	Name: Dennis P. Cronin, Esq.	8 4,	
	Name: Dennis P. Cronin, Esq.	96 OC OC	
	Name: Dennis P. Cronin, Esq. Office Address: Bond, Schoeneck &	96 OCT	
	Name: Dennis P. Cronin, Esq. Office Address: Bond. Schoeneck & Suite 107, 1167 Th	96 OCT	
	Name: Dennis P. Cronin, Esq. Office Address: Bond, Schoeneck & Suite 107, 1167 Th	96 OCT	
	Name: Dennis P. Cronin, Esq. Office Address: Bond. Schoeneck & Suite 107, 1167 Th	King, P.A. ird Street South	
10.	Name: Dennis P. Cronin, Esq. Office Address: Bond, Schoeneck & Suite 107, 1167 Th	King, P.A. ird Street South Naples , Florida , 33940 (Zip Code) :: S	
10. <i>Ha</i>	Name: Dennis P. Cronin, Esq. Office Address: Bond. Schoeneck & Suite 107, 1167 The Registered agent's acceptance: ving been named as registered agent and to acceptance at the place designated in this contract.	King, P.A. ird Street South Naples, Florida, 33940 (Zip Code)	
10. Ha	Name: Dennis P. Cronin, Esq. Office Address: Bond. Schoeneck & Suite 107, 1167 The Registered agent's acceptance: ving been named as registered agent and to acceptance at the place designated in this application at the place designated in this application as the place designated in this application.	King, P.A. ird Street South Naples, Florida, 33940 (Zip Code) South	
10. Hacorreg	Name: Dennis P. Cronin, Esq. Office Address: Bond. Schoeneck & Suite 107, 1167 Th Registered agent's acceptance: ving been named as registered agent and to acceptance agent and the place designated in this applical istered agent and agent	King, P.A. ird Street South Naples, Florida, 33940 (Zip Code) South (Zip Code) South (Zip Code) South (Zip Code) (Zi	
10. Harcorreg	Name: Dennis P. Cronin, Esq. Office Address: Bond. Schoeneck & Suite 107, 1167 The Registered agent's acceptance: ving been named as registered agent and to acceptance at the place designated in this contract.	King, P.A. ird Street South Naples, Florida, 33940 (Zip Code) South (Zip Code) South (Zip Code) South (Zip Code) (Zi	
10. Hacorreg	Name: Dennis P. Cronin, Esq. Office Address: Bond. Schoeneck & Suite 107, 1167 Th Registered agent's acceptance: ving been named as registered agent and to acceptance agent and the place designated in this applical istered agent and agent	King, P.A. ird Street South Naples, Florida, 33940 (Zip Code) South (Zip Code) South (Zip Code) South (Zip Code) (Zi	
10. Hacorreg	Name: Dennis P. Cronin, Esq. Office Address: Bond, Schoeneck & Suite 107, 1167 The Registered agent's acceptance: ving been named as registered agent and to acceptance agent and acceptance designated in this applical istered agent and accept the obligations of my position as registered acceptance.	King, P.A. ird Street South Naples, Florida, 33940 Figure 1970 (Zip Code) The service of process for the above stated the stated than, I hereby accept the appointment as ther agree to comply with the provisions of mance of my duties, and I am familiar with the gent.	
10. Ha cor reg all ana	Name: Dennis P. Cronin, Esq. Office Address: Bond. Schoeneck & Suite 107, 1167 The Registered agent's acceptance: ving been named as registered agent and to acceptoration at the place designated in this applical istered agent and acree to act in this capacity. I full statutes relative to e proper and complete perform accept the obligations of my position as registered agent's significant accept the obligations of my position as registered agent's significant accept the obligations of my position as registered agent's significant accept the obligations of my position as registered agent's significant accept the obligations of my position as registered agent's significant accept the obligations of my position as registered agent's significant acceptance.	King, P.A. ird Street South Naples, Florida, 33940 (Zip Code) Street South (Zip Code) On Street South (Zip Code) (Zip Code) On Street South (Zip Code) (Zip Code) On Street South (Zip Code) (
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incorporated.

. 12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: _ Address: _ Vice Chairman: ____ Address: _ Director: John A. Luetkemeyer, Jr. Address: 17 W. Pennsylvania Avenue, Suite 500 Towson MD 21204 Director: Thomas F Mullan, TIT Address: ___ 2330 W. Joppa Road, Suite 210 Lutherville, MD 21093 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Norman W. Wilder Address: 2330 W. Joppa Road, Suite 210 Lutherville, MD 21093 Vice President: __John A. Luetkemeyer, Jr. Address: _ 17 W. Pennsylvania Avenue, Suite 500 Towson, MD 21204 Secretary: __ Thomas F. Mullan, III 2330 W. Joppa Road, Suite 210 Address: Dutherville, MD 21093 Treasurer: John A. Luetkemeyer, Jr. 17 W. Pennsylvania Avenue, Suite 500 Towson, MD 21204 NOTE: If necessary, you may attach ar ...ddendum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Norman W. Wilder, President
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND

STATE DEPARTMENT OF ASSESSMENTS AND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, GLORIA J. WATSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT SAID OF THE STATE DEPARTMENT OF ASSESSMENTS DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORMS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PELICAN LAKE, INC.

IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND SAID CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN THE STATE OF MARYLAND OF MARYLAND.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 30TH DAY OF SEPTEMBER, 1996.

RVISOR II