# 60001110 THE UNITED STATES

ACCOUNT NO. : 072100000032

REFERENCE :

891863

4374025

AUTHORIZATION

\$ 337.50 COST LIMIT :

ORDER DATE: July 15, 1998

ORDER TIME : 10:02 AM

ORDER NO. : 891863-005

CUSTOMER NO: 4374025

**CORPORATION** 

CUSTOMER: Ms. Tess Cledera

Investcorp International, Inc.

280 Park Avenue

37th Floor, West Building

New York, NY 10017

NAME:

BOYNTON-CATALINA GP, LLC

300002591583--3

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

### 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:

Boynton-Catalina GP, LLC		-	MAY 4.		
(Name of foreign limited liability company n so contained in the name at present.)	nusi eda with th	ie words	"limited company"	or their abbre	viation "L.C." if
Delaware		3.	D3- 4011520		
(Jurisdiction under the law of which foreign li company is organized)	imited liability	<b>.</b> _	( FEI nun	ber, if applic	able)
June 23, 1998		5. =	Perpetual		
(Date of Organization)		(D ex	uration: Year limited ist or "perpennal")	liability com	pany will cease
July 20, 1998			- <del> </del>	ī	-
(Date first transacted business	in Florida. (Se	e sectio	ns 608,501, 608.502,	and 817.155,	F.S.)
9 East Loockerman Street				-	<u>.                                    </u>
Dover, DE 19901				· ,	,
	(Street address	of princ	ipal office)		
ist name, title, and business address of vill manage the foreign limited liability	f each manag y company in	ing me Florie	ember[MGRM] or la: (attach addition	manager[N nal page if r	IGR]who iecessary)
ist name, title, and business address of vill manage the foreign limited liability  NAME & ADDRESS:	y company in	Florio	ember[MGRM] on la: (attach addition NAME & ADDR	nal page if r	MGR]who necessary)
ist name, title, and business address of vill manage the foreign limited liability	TITLE:  Inc. MGR	Florio	la: (attach addition	nal page if r	iecessary)
ist name, title, and business address of vill manage the foreign limited liability  NAME & ADDRESS:  1620 North Spring Street,  280 Park Avenue, 37th Floor	TITLE:  Inc. MGR	Florio	la: (attach addition	nal page if r	iecessary)
ist name, title, and business address of vill manage the foreign limited liability  NAME & ADDRESS:  1620 North Spring Street,	TITLE:  Inc. MGR	Florio	la: (attach addition	nal page if r	iecessary)
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<sup>9.</sup> Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official 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 each of the translation must be submitted.)

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Boynton-Car	talina GP, LLC
certifies:	
1) the above named limited liability company has at least two members;	
2) the total amount of cash contributed by the member(s) is	\$_56,000 ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$Ø;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 56,000

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 penjury that the facts stated herein are true.)

F. Jonathan Dracos, Vice President of 1620 North Spring Street, Inc.

Managing Member

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:							
Boynton-Catalina GP, LLC							
2. The name and the Florida street address of the registered agent and office are:							
Corporation Service Company							
(Name)							
1201 Hayes Street							
Florida street address (P.O. Box NOT ACCEPTABLE)							
Tallahassee FL 32301							
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.

Karen B. Rozar. Asst. Sec.

Corporation Service Company

Filing Fee: \$35 for Designation of Registered Agent

## State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOYNTON-CATALINA GP, 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 SIXTEENTH DAY OF JULY, A.D. 1998.

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

2911786 8300 981276564



La 107-16-98

Edward I. Freel, Secretary of State

**AUTHENTICATION:** 

DATE: