# ACCOUNT NO. : 072100000032

REFERENCE : 747654

3487A

AUTHORIZATION

COST LIMIT

\$ 155.00

ORDER DATE : June 28, 2000

ORDER TIME : 9:49 AM

ORDER NO. : 747654-005

800003308448--6

CUSTOMER NO:

3487A

CUSTOMER: Ms. Talia R. Kohne

Icard Merrill Cullis Timm

Suite 600

2033 Main Street

Sarasota, FL 34237

#### FOREIGN FILINGS

NAME: PL EN PROVENCE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

## 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:

1. <u>PL en Prov</u> e	ence LLC
	(Name of foreign limited liability company)
) Dola	2
(Jurisdiction under the	ae law of which foreign limited liability  3. 13-4117148 (FEI number, if applicable)
company is organized	d) (FEI number, if applicable)
A11 E 00	200
. <u>April 5, 20</u>	
(Date	of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")
April_7, 20	
(Date	e first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
<b>(</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>417_5th_Ave</u>	enue, 3rd Floor
·	
New York, N	
	(Street address of principal office)
If limited liability	W. Commony is a manager managed to
- IIIIIII	y company is a manager-managed company, check here X
The usual busines	ss addresses of the menogine want
A 110 GOGGI OGGING	ss addresses of the managing members or managers are as follows:
/17 5+h Arro	The second secon
417 JUI AVE	nue, 3rd Floor
New_York, N	y company is a manager-managed company, check here X ss addresses of the managing members or managers are as follows:  nue, 3rd Floor  Y 10016
New_IUIK, N	Y 10016
· · · · · · · · · · · · · · · · · · ·	
<del></del>	
Attached is an origina	Joseffeet of the second
tivicalistics undouble	al certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco
slation of the contificat	aw of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
PISTOLIOI DE CETTICATE	e under oath of the translator must be submitted.)
Nature of husins	
. Manufe of pusifie	ss or purposes to be conducted or promoted in Florida: Real Estate -
Condominium I	Pevelopment
	a. A.
	Signature of a member or an authorized representative of a member.
	(in accordance with section 508.408(3), F.S., the execution of this document constitutes
	an affirmation under the penalties of perjury that the facts stated herein are true.)
	Philip Pilevsky
	Typed or printed 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:	
_	PL en Provence LLC	
2.	. The name and the Florida street address of the registered agent and office are:	
	Bruce P. Chapnick, Esq. (Name)	30 11 11
	2033 Main Street, Suite 600  Florida street address (P.O. Box NOT ACCEPTABLE)	PHO PHO
	Sarasota, FL 34237 City/State/Zip	STATE A

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 as provided for in Chapter 608, F.S..

(Signature)

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

#### State of Delaware

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### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PL EN PROVENCE 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 TWENTY-EIGHTH DAY OF JUNE, A.D. 2000.

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

FILED

00 JUN 29 PM 12: 19

SECRETARY OF STATE
AND ASSEE FLORIDA



Edward J. Freel, Secretary of State

AUTHENTICATION:

0528706

001330119

3207440

8300

DATE:

06-28-00