00/376 REFERENCE: (Sub Account) DATE: Document Services REQUESTOR HAME: Lexis ADDRESS: 200003322932--TELEPHONE: _) oxt (_ CONTACT HAME: CORPORATION NAME: lorida 1 inks DOCUMENT NUMBER: (if applicable) AUTHORIZATION: CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY Call When Ready) Call if Problem) Hill Wait Walk In) Mail out

3/C 7/1



July 14, 2000

LEXIS DOCUMENT SERVICES

TALLAHASSEE, FL

SUBJECT: CONTRARIAN FLORIDA LINKS LLC

Ref. Number: W00000017729

We have received your document for CONTRARIAN FLORIDA LINKS LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Please list the address requested in Item 9.V

And please send a Delaware certificate for CONTRARIAN FLORIDA LINKS LLC. (The certificate you sent was for CONTRARIAN RE, L.L.C.),

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 800A00038874



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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, A	THE FOLLOWING IS SUBMITTED TO RECIETED A STORY
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST	TATE OF FLORIDA:
1Contrarian Florida Links LLC	8 _ E
(Name of foreign limit	ed liability company)
2. DE (Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
0.40	.3
4. (Date of Organization) -5.	Perpetual (Duration: Year limited liability company will cease to
	chist of perpetual)
6. Upon qualification. (Date first transacted business in Florida. (See sect	· ·
(Date first transacted business in Florida. (See sect	ions 608.501, 608.502, and 817.155, F.S.)
7. c/o Contrarian Capital Management, 411 We	est Putnam Avenue
Greenwich, CT 06830	
(Street address of pr	incipal office)
	• •
8. If limited liability company is a manager-managed com	pany, check here x
9. The name and usual business addresses of the managing	g mambana an an an an
Contrarian RE, L.L.C.	g members of managers are as follows:
concluitan RB, E.E.C.	
411 West Putnam Avenue	•
	<u> </u>
Greenwich CT 06830	<u> </u>
	<u>。 </u>
10. Attached is an original certificate of existence no many than 00.1	11.11
10. Attached is an original certificate of existence, no more than 90 days of the jurisdiction under the law of which it is organized. (A photocopy is not translation of the certificate under coth of the terrelation of the	of accomposite of the continue
translation of the certificate under oath of the translator must be submitted) a coprable. Il die cerdificate is in a foreign language, a
 Nature of business or purposes to be conducted or pror 	noted in Florida: Real Estate
0	
Signature of a member or an authoriz	red representative of a member.
(In accordance with section 608.408(3), F.S., the an affirmation under the penalties of perjury that	execution of this document constitutes

Typed or printed name of signee
Contrarian Capital Fund I, L.P., Member
By: Contrarian Capital Management L.L.C., its general partner
By: Gail Tenzer, Member

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	::
Contrarian FLorida Links LLC	
2. The name and the Florida street address of the	registered agent and office are:
<u>Lexis Document Service</u> (N	es Inc.
3953 W.W. Kelley Road	P PPS
Florida street address (P.	O. Box NOT ACCEPTABLE)
Tallahassee	FL 32311
Ci	ty/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 as provided for in Chapter 608, F.S..

\$ 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

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTRARIAN FLORIDA LINKS 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 FOURTEENTH DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTRARIAN FLORIDA LINKS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2000.

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

DIVERS OF STATIONS
OD JUL 17 PM 3: 23

3183177 8300

001357430



Edward J. Freel, Secretary of State 9222

AUTHENTICATION:

07-14-00

DATE: