New America International

September 19, 2000

MJH

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Foreign Registration of MLD/HLP 3077 Office LLC

13400 Bishop's Lane Suite 100 Brookfield, WI 53005 Office: (262) 797-9400 Fax: (262) 797-8940 http://www.mlgcommercial.com

Offices in Appleton, Wisconsin and Huntsville, Alabama

5**00003403306**--2 -09/25/00--01132--017 ****125.00 ****125.00

Dear Sir or Madam:

Enclosed is the necessary paperwork to register the above referenced as a foreign limited liability company in the State of Florida.

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- 2. Certificate of Designation of Registered Agent/Registered Office
- 3. Original Certificate of Existence
- 4. Check #002022 in the amount of \$125.00

Please return a letter of acknowledgement to my attention. Should you have any questions please do not hesitate to contact me. My direct line is (262) 938-4448.

Sincerely,

Nancy J. Pfeifer

Paralegal

Encs.

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SECRETARY OF STALE DIVISION OF CORPORATIONS

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: MLD/HLP 3077 Office LLC (Name of foreign limited liability company) WISCONSIN (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) JULY 26, 2000 5. <u>DECEMBER</u> 31, 2031 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") APPROXIMATELY SEPTEMBER 1, 2000 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 13400 BISHOP'S LANE SUITE 100 BROOKFIELD WI 53005 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The usual business addresses of the managing members or managers are as follows: 13400 BISHOP'S LANE SUITE 100, BROOKFIELD WI 53005 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE MANAGEMENT Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TIMOTHY J. WALLEN

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:

MLD/HLP	3077	Office	TTC
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2. The name and the Florida street address of the registered agent and office are:

SUSAN FLEMIN	G BENNETT		
(Name)			
SUNTRUST FINANCIAL CENTRE 401 JACKSON ST. SUITE 2200			
Florida street address (P.O. Box NOT ACCEPTABLE)			
TAMPA	FL 33302		
C	ity/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..

Lemis Demett
(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

DOM 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

MLD/HLP 3077 OFFICE LLC

is a domestic limited liability company organized under the laws of this state and that its date of organization is JULY 20, 2000.

I further certify that said company has not filed articles of dissolution with this department.



held by the Secretary of State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on July 27, 2000.

RAY ALLEN, Administrator

Division of Corporate & Consumer Services

Department of Financial Institutions

BY

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly

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