CORPORATION(S) NAME CORPORATION(S) NAME CORPORATION(S) NAME								
Pala Interstate, L.L.C.			·					
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() Profit () Nonprofit	() Amendment	() Merger						
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SUFFICIENCY OF FILING

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

W.P. Verifier

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Amount: \$

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SÜBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

٠.	Pala Interstate, L.L.C. (Name of foreign limited liability company)
	Louisiana (Jurisdiction under the law of which foreign limited liability company is organized) 3. 12-1083015 (FEI number, if applicable)
4.	12/4 2000 (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")
6.	Upon filing (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7.	16347 Old Hammond Highway
,	Baton Rouge, LA 70816 (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:
	16347 Old Hammond Highway, Baton Rouge, LA 70816
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	rslation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: NOUSTRIPED
	CONSTRUCTION
	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 ar affirmation under the penalties of perjury that the facts stated herein are true.)
	JOSE LARADAWO JR

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:						
Pala Interstate,	L.L.C.			-		
2. The name	and the Florida street address of	f the reg	ristered agent and office are:			
	C T Corporation System					
(Name)						
c/o C T Corporation System, 1200 South Pine Island Road						
Florida street address (P.O. Box_NQT ACCEPTABLE)						
	Plantation	FL	33324			
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 as provided for in Chapter 608, F.S..

CT Corporation System

VICTOR ALFANO

ASSISTANT SECRE

(Signature)

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

\$ 5.00 Certificate of Status (optional)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

PALA INTERSTATE, L.L.C.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on December 04, 2000,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

/Pecember 12, 2000

BRI 35010824K Secretary of State

