

ACCOUNT NO. :

072100000032

REFERENCE

167517

AUTHORIZATION

COST LIMIT

\$ 125.00

ORDER DATE: May 30, 2001

ORDER TIME : 10:37 AM

ORDER NO. : 167517-150

CUSTOMER_NO: 4806599

CUSTOMER: Ms. Katherine J. Leblanc

Mcdermott, Will & Emery

28 State Street

Boston, MA 02109

FOREIGN FILINGS

NAME: 4927 VOORHEES ROAD, LLC

XXXX QUALIFICATION (TYPE: LL) 400004340084--1

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

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:

		(Name of fore	eign iirr	nited liability co	mpany)			
De	laware :.		3	-Applied fo	r			
(Juri: comj	diction under the law of which any is organized)	foreign limited liabil	lity			r, if applicab	le)	
May	(Date of Organization)	5.	Perpetual (Duration: Ye	ear limited	iability comp	any will ceas	e to
IIn	n Qualification			exist or "perg	etual")			
<u> </u>	(Date first transacted	business in Florida.	(See se	ections 608.501.	608.502. a	nd 817.155 B	(8)	
49:	7 Voorhees Road, New Po				· · · · · · · · · · · · · · · · · · ·			
	-	(Stuart - 3	luose ef					
		(Street add	mess of	principal office	9			
If li	mited liability company is	a manager-mana	ged co	ompany, chec	k here 🔻			
							- 50:	0
The	name and usual business	addresses of the r	manag	ging members	or manag	ers are as f	ollows: 🚍	<u> </u>
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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	e Limited Liability Compar	ny is:			
4927 Voorhees	Road, LLC				=
2. The name and t	he Florida street address of	the registered age	nt and office are:		
	Corporat	ion Service Compa	any		
_		(Name)			
	120	1 Hays Street		TAE OI	
-		ss (P.O. Box NOT AC	CCEPTABLE)		
	Tallahassee	FL City/State/Zip	32301	FILED N-1, PM 1:1 HASSEE.FLOR	7117
liability company of registered agent at statutes relating to accept the obligati	ed as registered agent and to the place designated in the end agree to act in this capace the proper and complete places of my position as regist (Signature)	iis certificate, I here city. I further agree erformance of my a	eby accept the appo e to comply with the luties, and I am fam	intment as provisions of all iliar with and	

\$ 100.00 Filing Fee for Application

\$ 30.00 \$ 5.00

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4927 VOORHEES ROAD, 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 THIRTY-FIRST DAY OF MAY, A.D. 2001.

OI JUN-4 PM 1:46
SEGRETARY OF STATE
SEGRETARY OF STATE



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1161589

DATE: 05-31-01

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