268 Main Street, P.O. Box 617 Gladstone, New Jersey 07934 (908) 719-8876 Facsimile: (908) 719-9774

Lucille F. Keegan, Vice President

Email: Ikeegan@gladstone.westby.net

May 31, 2001

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

u

Sir or Madam:

Enclosed please find a completed Application by Foreign LLC for Authorization to Transact Business in Florida, Certification of Designation of Registered Agent and Certificate of Existence for FinnAir, LLC.

Additionally, I enclose a check in the amount of \$125 representing payment of filing fee and designation of agent.

Please send Letter of Acknowledgment to Westby Management, PO Box 617, Gladstone, NJ 07934.

Thank you.

Sincerely yours,

Lucille F. Keegan

cc: M. Majewski, Esq.

Enc.

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:

I. FinnAir, LLC	(Name of foreign	limited 1:	ability company	· ·			· · · · · · · · · · · · · · · · · · ·	
	(Ivaille of foleigh	innited it	adility company	")				
2Delaware		3 (000894310					٠ _
(Jurisdiction under the company is organized)	law of which foreign limited liability	· · · · · · · · · · · · · · · · · · ·	(FEI num	nber, if appl	icable)			
4. <u>May 3, 2000</u>		5	perpetual		<u>.</u> .			- ₁
(Date or	Organization)	(Dura exis	ation: Year limit t or "perpetual"	ed liability co	ompany will co	ase to		
6 May 29,	2001				- •			
(Date f	irst transacted business in Florida. (See	e sections	608.501, 608.50	02, and 817.1	55, F.S.)	-	J. 57 Jan 13	<u></u>
7c/o Westb	y Management				,		·	_ :
P.O. Box	617, Gladstone, New Jers	ey 07	934-0617			<u>-=`</u> `		
	(Street address	s of princi	pal office)	<u> </u>		······································	,** · " =	
8. If limited liability	company is a manager-managed	i compa	ny, check her	е 🗌				
) mi •					ಫ್ರ	0		
9. The name and usu	al business addresses of the mar	naging n	nembers or m	ianagers ar	e as follows	.		
Finn	M. W. Caspersen, 86 Gome	ez Road	l. Hobe Sor	und FI	33/55	<u></u>		==
- <u></u>			.,	<u> </u>	20400-32-	7 <u>0 b</u> 270	· <u> </u>	Ē
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				. + 4			<u>yandan</u> y	
		<u> </u>	المروع المراجع			ထ္	Term = 2.5	
					71	9		
		<u> </u>		. 1944	w			r
0. Attached is an original	certificate of existence, no more than 90	Odays old,	duly authenticat	ted by the offi	icial having cu	stody of reco	rds in	
ne jurisdiction under the la	w of which it is organized. (A photocor	py is not a	cceptable. If the	certificate is i	n a foreign lan	guage, a		_
anslation of the certificate	under oath of the translator must be sub	mitted.)			_ ,			
1 Nature of business	or pure to be seen denoted a			1 -				
	s or purposes to be conducted or						<u> </u>	
real estate,	managing commercial rea	l esta	t and any	other a	ctivity a	uthoriza	eđ	
under Delawa		iabili	y company					±*
	Signature of a member or an au			·· ·		A	in terms of the second	•
	(In accordance with section 608,408(3), F	S. the ex	ecution of this do	cument consti	IIIOEF. tutes			-
	an affirmation under the penalties of perj	ury that the	facts stated here	in are true.)				
	Finn M.W. Caspersen						: ::::::::::::::::::::::::::::::	٠
	Typed or printed	l name c	f 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:							
FinnAN, LLC							
2. The name and the Florida street address of the registered agent and office are:							
CT Corporation Systems							
1200 SOUTH PINE ISLAND ROAD							
Florida street address (P.O. Box NOT ACCEPTABLE)							
PLANTATION FL 33324 City/State/Zip							
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608. F	rt as sions of all						
(Signature) LAUREN H. KREATZ, SPECIAL ASSISTANT SECRETARY							
\$ 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, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FINNAIR, 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-SECOND DAY OF MAY, A.D. 2001.

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

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1148242

010245694

3216470 8300

DATE: 05-22-01