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ACCOUNT NO.

: -072100000032

REFERENCE

4311863

AUTHORIZATION

COST LIMIT

ORDER DATE: August 16, 2001

ORDER TIME :

4:17 PM

ORDER NO. : 428254-010

CUSTOMER NO:

4311863

CUSTOMER: Sheldon Bender, Paralegal

Blank Rome Comisky & Mccauley One Logan Square, 7th Floor

18th And Cherry Street

Philadelphia, PA 19103-6998

FOREIGN FILINGS

NAME:

SPNMM, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER:

500004539245

APPROVE

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:

١.	SENIM, LLC (Name of foreign limited liability company)	• ,	
 آ	Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	_	
4.	August 1, 2001 (Date of Organization) 5, 2040 (Duration: Year limited liability company will cease to exist or "perpetual")	<u>.</u>	
6.	Upon filing (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)		
7.	c/o Urdang & Associates Real Estate Advisors, Inc.	-	
	Noeting Pennsylvania 19462		
	630 W. Germantown Pike, Suite 321, Plymouth Meeting, Fennsylvania 19462 (Street address of principal office)	-	
8.	. If limited liability company is a manager-managed company, check here 🗷	SEC O360	
9.	. The name and usual business addresses of the managing members or managers are as follows:		AUE
	Vincent Sanfilippo, 630 W. Germantown Fike, Suite 321, Plymouth Meeting, PA 19462	—LJ – ∠	7
	Richard J. Ferst, 630 W. Germantown Pike, Suite 321, Flymouth Meeting, FA 19462	ے می دہ۔)
	Steven C. Novick, 630 W. Germantown Pike, Suite 321, Plymouth Metting, PA 19462	ORIDA ORIDA	=
	E. Scott Urdang, 630 W. Germantown Pike, Suite 321, Plymouth Meeting, PA 19462		
tl	0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	ni abaccon.	
t	ranslation of the certificate under oath of the translator must be submitted.)	_	
]	11. Nature of business or purposes to be conducted or promoted in Florida: To act as the more member 11. Nature of business or purposes to be conducted or promoted in Florida:		
	manager of a Delaware limited lyability company qualified to do business in Florida		
	manager of a Delaware limited liability company qualified to do business in Figure 200	A PONT VED	
	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	m	
	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.) SPNMM, LLC, a Delaware limited Hability company By:	Ö	
	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 t	he Limited Liability Company	7 1S:				
SPNMM, LLC						
2. The name and	the Florida street address of t	the registered a	gent and office ar	·e:		
	Corporatio	on Service Com	pany			
		(Name)				- ∵ . ≓
		. Hays Street				_
Florida street address (P.O. Box NOT ACCEPTABLE)						
	Tallahassee	F <u>L</u>	32301		OJ SEC	
•		City/State/Zip			AHA AHA BUS	
		t conrice	of nuacose for the	ahove stated limi	red R	
liabīlīty compan registered agent	ned as registered agent and to y at the place designated in thi and agree to act in this capac to the proper and complete pe ations of my position as registe	is certificate, 1 n ity. I further ag exformance of m	ereby accept the t ree to comply with v duties, and I am	th the provisions of a familiar with and	of all co	'n€
Patri	rea Pupit			, , , , , , , , , , , , , , , , , , ,	ž.	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

LOCATION:

RX TIME 08/16 '01 12:58

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 "SPNMM, 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 SEVENTH DAY OF AUGUST, A.D. 2001

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

OI AUG 16 AM 8: 41 SECRETARY OF STATE ALL AHASSEE, FLORIDA

Daviet Smith Windson, Secretary of State

AUTHENTICATION: 1282880

3421185 8300

DATE: 08-07-01

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LOCATION:

RX TIME 08/16 '01 12:58

APPROVILL AND FILED