### J 99 HIGH STREET ROCHE CARENS & DEGIACOMO BOSTON, MASSACHUSETTS 02110-2320

TELEPHONE (617) 457-4000 FACSIMILE (617) 482-3868 www.murthalaw.com

November 1, 2001

A LIMITED LIABILITY PARTNERSHIP

Via UPS

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: WinnCompanies LLC

Dear Sir/Madam:

Enclosed please find an Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida, regarding the above-referenced limited liability company, along with this firm's check in the amount of \$160.00 to cover the cost of filing said application. Upon filing of the enclosed, please forward evidence of same to my attention in the return UPS envelope provided for your convenience.

Thank you for your courtesy and assistance in this matter and please do not hesitate to call if I may be of further assistance.

Very truly yours,

niobly. Bulg

300004672783--11/08/01--01062--004 \*\*\*\*160.00 \*\*\*\*160.00

Cristal M. Reed

Paralegal

Enclosures

## APPLICATION BY FOREIGN LIMITED LĪABĪLITY 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 foreign  | limited liability company)   |
|---|--|
| Massachusetts urisdiction under the law of which foreign limited liability company is organized)              | 3. 04-3578144 (FEI number, if applicable)  |
| October 3, 2001<br>(Date of Organization)   | 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")   |
| hasn't yet begun<br>(Date first transacted business in Florida. (See<br>Six Faneuil Hall Marketplace, Boston, | ma. 02109  |
|   |  |
| (Street address   | s of principal office)   |
| If limited liability company is a manager-managed   | I company, check here X  |
| The name and usual business addresses of the man  | naging members or managers are as follows:   |
| Samuel Ross, Six Faneuil Hall Marketpl  | lace, Boston, MA 02109   |
| Lawrence H. Curtis, Six Faneuil Hall M  | Marketplace, Boston, MA 02109  |
| Michael T. putziger, 99 High Street, 2  | 20th Floor, Boston, MA 02110   |
|   | FLCR 80  |
|   | O days old, duly authenticated by the official having custody of re<br>otocopy is not acceptable. If the certificate is in a foreign language<br>e submitted.) |
| Nature of business or purposes to be conducted o  | or promoted in Florida:  |
| real estate property management   |  |
| M   |  |
|   | uthorized representative of a member. F.S., the execution of this document constitutes   |

Samuel Ross, Manager

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.

|                           | f the Limited Liability (<br>npanies LLC | Comp   | oany is:                              |   |                                       |                      |          |
|---------------------------|--|--|---------------------------------------|---|---------------------------------------|----------------------|----------|
| WILLICOL                  | - LLC                                    |  |                                       |   |                                       |                      |          |
| 2. The name ar            | nd the Florida street add                | dress  | of the registere                      | ed agent and offic                        | e are:                                |                      |          |
|                           | CT Corporation S                         | vete   | m                                     |   |                                       |                      |          |
|                           | Or COTPORTOR O                           | <u>,                                    </u> | (Name)                                | · · · · · · · · · · · · · · · · · · ·     | · · · · · · · · · · · · · · · · · · · |                      |          |
|                           |  |  |                                       |   |                                       |                      |          |
|                           | 1200 South P                             | ine  | Island Road                           |   |                                       |                      |          |
|                           | Florida stre                             | et add                                       | lress (P.O. Box N                     | OT ACCEPTABLE)                            | ·                                     |                      |          |
|                           |  |  |                                       |   | :                                     | $\exists \circ$      | 0        |
|                           | Plantation                               |  | FL                                    | 3332                                      | 24                                    |                      |          |
|                           |  | ((   | City/State/Zip)                       |   |                                       | <b>≥</b> 器:          | <b>₹</b> |
|                           |  |  |                                       |   |                                       | SS SS                | , =      |
| Having heen na            | med as registered agent                  | t and  | to accent comi                        | an of munages for t                       | ha aharra a                           | ĭi≺<br>Jon           | ا رست    |
| liability compar          | ny at the place designate                | ed in 1                                      | to accept set vi<br>this certificate. | te oj process jor i<br>I hereby accent th | ne avove si<br>he annointr            | iaiea iir<br>nent as | niiga C  |
| registered agen           | t and agree to act in this               | s cape                                       | acity. I further                      | agree to comply                           | with the pro                          | ovisions             | e Fall   |
| statutes relating         | g to the proper and comp                 | olete j                                      | performance oj                        | f my duties, and $I$                      | am familia                            | r With a             | ındr     |
| accept the oblig          | ations of my position as                 | regis  | stered agent as                       | provided for in C                         | hapter 608                            | , F.S.               |          |
| Ksesh                     | Bet the On                               |  | -                                     |   |                                       |                      |          |
| KRISTEN BI<br>SSISTANT SE | CRETARY                                  |  |                                       |   | •                                     |                      |          |
|                           | \$ 10                                    | 0.00   | Filing Fee f                          | or Application                            |                                       |                      |          |
|                           | \$ 2                                     | 5.00   | Designation                           | of Registered A                           | gent                                  |                      |          |

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)



## The Commonwealth of Massachusetts

# Secretary of the Commonwealth

State Kouse, Boston, Massachusetts 02133

### November 2, 2001

### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### WINNCOMPANIES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 5, 2001.

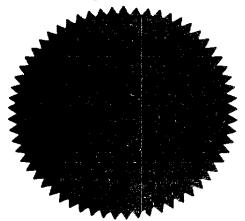
I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are:

LAWRENCE H. CURTIS, MICHAEL T. PUTZIGER, SAMUEL ROSS

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: LAWRENCE H. CURTIS, MICHAELT. PUTZIGER, SAMUEL ROSS

The names of all persons authorized to act with respect to real property listed in the most recent filing are: LAWRENCE H. CURTIS, MICHAEL T. PUTZIGER, SAMUEE ROSS



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Travino Galicin

Secretary of the Commonwealth