

ACCOUNT NO. :

REFERENCE :

521514

AUTHORIZATION :

COST LIMIT

ORDER DATE: November 30, 2001

ORDER TIME: 10:19 AM

ORDER NO. : 521514-010

CUSTOMER NO: 7165873

CUSTOMER: Ms. Diane Palmersheim

Opus Corporation ____

10350 Bren Road West

Minnetonka, MN 55343

FOREIGN FILINGS

NAME: UBCIV, L.L.C.

700004701987--5

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 3, 2001

CSC SUSIE KNIGHT

SUBJECT: UBCIV, L.L.C. Ref. Number: W01000027439

We have received your document for UBCIV, L.L.C. and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 601A00063814

01 DEC -3 AM 9: 16

AND

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 UBCIV, L.L.C.	, .
(Name of foreign limited liability company)	
2 Pollowane	
Jurisdiction under the law of which foreign limited liability company is organized) 3. Applied for (FEI number, if applicable)	
4. <u>11/30/01</u> 5. December 31, 2101	
4. 11/30/01 5. December 31, 2101 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Upon qualification	
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. 4200 W. Cypress, Suite 444, Tampa, FL 33607	
(Street address of principal office)	•
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
AS C	;
Neil J. Rauenhorst, 4200 W. Cypress, Suite 444, Tampa, FL 33607	
Barry W. Greenfield, 4200 W. Cypress, Suite 444, Tampa, FL 33607	
Sally W. Greenfield, 4200 W. Cypress, Suite 444, Tampa, FL 33607	= :
STATE 16	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recording the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and it is a foreign language.	nds in
translation of the certificate under oath of the translator must be submitted.)	ı
1. Nature of business or purposes to be conducted or promoted in Florida: Acquire, develop and hold	
commercial real estate and all other lawful activities	
OPUS SOUTH CORPORATION	
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.)	
Neil J. Rauenhorst	
Typed or printed name of signage	-

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.

CIV, L.L.C.						
The name and t	the Florida street addres	ss of the registe	red agent and office	e are:		
	Corpo	ration Service	≥ Company			
<u> </u>		(Name)	 		_ e= :	
		1201 Hays Str	eet .		ORC ORC	
_	Florida street a	ddress (P.O. Box	NOT ACCEPTABLE)		TAR ASS	11.
					mi≺	
	Tallahassee	FL	32301		E P	=
_		(City/State/Zip)	<i></i>			

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.

Laura R. Dung (Signature)

Laura R. Dunlap as its agent

\$ 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 Office of the Secretary of State

PAGE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UBCIV, L.L.C." 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 THIRTIETH DAY OF NOVEMBER, A.D. 2001.

AUTHENTICATION: 1474998

DATE: 11-30-01

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