

ACCOUNT NO. : 072100000032

REFERENCE: 344112

7198893

AUTHORIZATION

COST LIMIT : \$ 130.00

ORDER DATE : December 12, 2001

ORDER TIME : 12:16 PM

ORDER NO. : 344112-005

400004727154-- 5

CUSTOMER NO: 7198893

CUSTOMER: Ms. Allison Forrester.

Post & Heymann Llp Ii

Suite 214

100 Jericho Quandrangle

Jericho, NY 11753

## FOREIGN FILINGS

NAME: NEWKIRK ALWOOD GP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

TALLAMASSEE, FLORIDA DIVISION OF COMPORATIONS

CONTACT PERSON: Susie Knight 10 EXT# 17456

81 & W EXAMINER:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COM LIMITE	MPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A F ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN
1	NewKirk Alwood GP LLC	
ľ	(Name of foreign limited liability company)	_
2. (Juris	Delaware Soliction under the law of which foreign limited liability  3. applied for	<del></del>
ζ	sdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4	12/6/6/ 5. perpetua	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_
6	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	-
7	100 Jericho Quadranale Suite 214	
/	To serieno audarangie suite 214	<u>.</u>
	Jericho NY 11753	
	(Street address of principal office)	•
8. If lin	mited 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:	=
	MLP Manager Corp.	7 2
	Maria Maria Corp.	
	100 Jericho Quadrangle, Suite 21483	
	Jencho NY 11752	3 P
		<del></del> =
		<b>`∖3</b> ≂
meju	ched is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, slation of the certificate under oath of the translator must be submitted.)	cords in , a
11. Nat	ture of business or purposes to be conducted or promoted in Florida:	•
1	act as a general partner of a limited p	ar herst
	See attachment.	
	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.)	
	Typed or printed name of signee	

Newkirk Alwood GP LLC

Ву: MLP Manager Corp., its manager

Ву:

John Alba Vice President

## 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:  NEWKIK Alwood GP LLC	
2. The name and the Florida street address of the registered agent and office are	:
Corporation Service Company	
(Name)	
Florida street address (P.O. Box NOT ACCEPTABLE)	AFTIN AH DI DEC IN SECRETARY ALII AHASSE
Tallahassee FL 32301	11위 글 본모장
(City/State/Zip)	
Having been named as registered agent and to accept service of process for the abliability company at the place designated in this certificate, I hereby accept the appregistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Chapte	ove stated limited pointment as the provisions of all miliar with and

\$ 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 "NEWKIRK ALWOOD GP 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 THIRTEENTH DAY OF DECEMBER, A.D. 2001.



AUTHENTICATION: 1500780

010638635

3464555 -8300

DATE: 12-13-01