

102000000000075

ACCOUNT NO.

072100000032

REFERENCE

463664

4300043

AUTHORIZATION'

ORDER DATE: March 13, 2002

ORDER TIME : 10:04 AM

ORDER NO. : 463664-005

CUSTOMER NO:

4300043

CUSTOMER: Vito Piacente, Legal Asst

Proskauer Rose Llp

1585 Broadway

New York, NY 10036-8299

FOREIGN FILINGS

NAME:

ADAM RAPHAEL PHOTOGRAPHY 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:

200005110072--3



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 15, 2002

CSC

ATTN: DARLENE WARD

SUBJECT: ADAM RAPHAEL PHOTOGRAPHY LLC

Ref. Number: W02000007285

We have received your document for ADAM RAPHAEL PHOTOGRAPHY LLC 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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 202A00015625

SECRETARY OF STATE

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:

	(Name of	foreign lin	nited liability company)
DELAWARE		_	• • • • • • • • • • • • • • • • • • • •
	under the law of which foreign limited lis	3.	30-0050317
(Julibalotion	company is organized)	ability	(FEI number, if applicable)
FEBRUARY		5	PERPETUAL
	(Date of Organization)		(Duration: Year limited liability company will cease to
		•	exist or "perpetual")
UPON FIL:	ING		
		do (Coo o	ections 608.501, 608.502, and 817.155, F.S.)
	(Sate hist transacted business in Flori	ua. (See Se	ections 608.501, 608.502, and 817.155, F.S.)
149 MADIS	SON AVENUE, SUITE 610, NEW YORK	. NEW YO	ORK 10016
		<u> </u>	
	(Street	address of	principal office)
	(p-morphi offico)
If limited	liability company is a manager-ma	naged co	mnany check here
	y Principles a second of the	пароа ос	ompany, eneck here
The name	and usual business addresses of th	a manaa	ing members or managers are as follows:
	and about business addresses of th	e manag	ing members or managers are as follows:
י פ אברוב	ROSE, SOLE MEMBER		ompany, check here ing members or managers are as follows:
TIDAM IC.	ROSE, SOLE MEMBER	<u> </u>	ST THE
149 MADY	COM ANTENNER OFFICE STA		
149 PMDI	SON AVENUE, SUITE 610, NEW YORK	, NEW YO	ORK 10016
		و در در المحارب	
		. ,,	the state of the s
			-
Attached is a	in original certificate of existence, no more:	than 90 da	ys old, duly authenticated by the official having custody of record
the jurisdicti	on under the law of which it is organized.	(A photoco	opy is not acceptable. If the certificate is in a foreign language, a
translation o	f the certificate under oath of the translator	na priorece ros ed toure	ppy is not acceptable. If the certificate is in a foreign language, a
	the section of the data said of the data said of the	anusi de su	ornued.)
Nature of	huginaga or numagas ta la		
Tratuic Oi	business or purposes to be conduc	nea or pi	romoted in Florida: PHOTOGRAPHY
	() [2010 O	
	1 X L	<u>-104</u>	
	Signature of a member or	an autho	prized representative of a member.
	(In accordance with section 608 40	08(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

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	ne Limited Liability Comp	any is:						
ADAM	RAPHAEL PHOTOGRAPHY	LLC						
2. The name and	the Florida street address	of the registered	agent and office are:					
	Corporation Service Company							
	(Name)							
	1201 Hays Street							
	Florida street address (P.O. Box NOT ACCEPTABLE)							
	Tallahassee	FL	32301	OZ MAR 15 SECRLTAR ALLAHASS				
		City/State/Zip		Y OF THE				
liability company registered agent a statutes relating to	ed as registered agent and at the place designated in t and agree to act in this cape to the proper and complete	this certificate, I h acity. I further ag performance of m	nereby accept the appor gree to comply with the ny duties, and I am fami	intment as — provisions of all iliar with and				
accept the obligat	ions of my position as regi.	stered agent as pr	rovided for in Chapter (608, F.S				
	(Signature) Coleman							
as its	agent \$ 100.00	Filing Fee for	Application					
	\$ 25.00	_	of Registered Agent					
	\$ 30.00	Certified Cop	y (optional)					

5.00

Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADAM RAPHAEL PHOTOGRAPHY 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 SIXTH DAY OF MARCH, A.D. 2002.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1648320

DATE: 03-06-02

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