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|--|----------------|
| ACCOUNT NO. : 072100000032 | <u></u> |
| REFERENCE : 735892 4357379 | |
| AUTHORIZATION: Patricia Print | |
| COST LIMIT : \$ 125.00 | |
| ORDER DATE: September 9, 2002 | = |
| ORDER TIME: 10:18 AM | - |
| ORDER NO. : 735892-005 CUSTOMER NO: 4357379 | _ |
| CUSTOMER NO: 4357379 | -= |
| CUSTOMER: Ms. Leslie Feifer Jaspan Schlesinger Hoffman Llp 300 Garden City Plaza 5th Floor Garden City, NY 11530 | |
| FOREIGN FILINGS | |
| NAME: EM CANYON LLC | = |
| MOZ-2395- | - |
| XXXX QUALIFICATION (TYPE: LL) | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | . % |
| XX PLAIN STAMPED COPY Q Q Q Q R R R R R R R R R R R R R R R | - - |
| CONTACT PERSON: Ginger Simmons EXT# 1139 | |

4

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:

| l. EM CANYON | | (Name of foreig | n limited lial | oility company) | | |
|-------------------|--|----------------------|-----------------------------|---|--|-------------------------------|
| 2. delaware | | | 3 | | | |
| (Jurisdiction | under the law of which fore company is organized) | | , | (FEI number, if | applicable) | |
| 4. <u>9-3-02</u> | (Date of Organization) | | 5. PERPE | TUAL ation: Year limited liabili exist or "perpe | ity company will c | cease to |
| 5. Upon f | - | | | | | |
| | (Date first transacted but | iness in Florida. (S | ee sections (| 508.501, 608.502, and 81 | 7.155, F.S.) | |
| 7. <u>ANTIGUA</u> | VILLAGE, UNIT 4L | | t. t | | | 0 = |
| | 2403 24 | Antiqua | Gecle | - Coconut Co | REK, Florida | A SS 305 SE |
| | | (Street addre | ss of princip | al office) | | - PA |
| 3. If limited | liability company is a n | nanager-manage | d compan | y, check here 🗌 | | RY OF CORP |
| . The name | and usual business add | resses of the ma | anaging me | embers or managers a | are as follows: | ORATIO |
| C/O MILE | ESTON CORP | | | | <u> </u> | <u> </u> |
| 705 MIDE | DLE NECK ROAD | <u> </u> | | <u> </u> | | |
| P.O. BOX | (1131 | · | · | | | |
| GREAT NE | ECK, NEW YORK 11023 | · | - | | | |
| the jurisdict | an original certificate of exist tion under the law of which it of the certificate under cath of | is organized. (A ph | otocopy is no | ot acceptable. If the certific | official having cust cate is in a foreign | ody of records language, a |
| 1. Nature o | f business or purposes t | o be conducted | or promote | ed in Florida: REAL | ESTATE HOLDIN | <u></u> |
| LIMITED L | LIABILITY COMPANY | | | | | |
| | | mulu | 'luca | | | |
| | (In accordance wit | member or an a | uthorized F.S., the exec | representative of a mention of this document confacts stated herein are true. | stitutes | |
| | DAVID LEVINE | | | • | | |

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.

| 2. | The name and the Florida street address of the registered agent and office are: | O2 SEP | DIVISION |
|----|---|--------|-----------|
| | Corporation Service Company (Name) | | OF COR |
| | 1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE) | M 1:54 | PORATIONS |
| | Tallahassee FL 32301 (City/State/Zip) | | |

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.

Leborah () Skipper Deborah D. Skipper Asst. V. Pres.

1. The name of the Limited Liability Company is:

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EM CANYON 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 NINTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EM CANYON LLC" WAS FORMED ON THE THIRD DAY OF SEPTEMBER, A.D. 2002.

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

SECRETARY OF STATE SECRETARY OF CORPORATIONS



Warriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1971866

DATE: 09-09-02

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