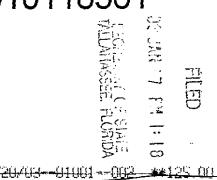
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
· _				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Enuty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer.				

Office Use Only



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M03-194

#### **CT** CORPORATION SYSTEM

January 17, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5770229 SO

Customer Reference 1: n/a
Customer Reference 2: n/a

Dear Secretary of State, Florida:

Please file the attached:

Stock Island, LLC (NI) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff\_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 JAN 17 PH I

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## 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: STOCK ISLAND, LLC (Name of foreign limited liability company) **NEW JERSEY** 55-0808004 Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) DECEMBER 4, 2002 Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") **JANUARY 15, 2003** (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, P.S.) 60 FOSTERTOWN ROAD MEDFORD, NEW JERSEY 08055 (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: STEVEN WELLS, 3734 PAULA AVENUE, KEY WEST, FL 33040 LOWELL P. CAVE, 60 FOSTERTOWN ROAD, MEDFORD, NJ 08055 10." Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having castedy of records? the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) OWNERSHIP, RENTAL 11. Nature of business or purposes to be conducted or promoted in Florida: AND SALE OF REAL ESTATE AND ANY OTHER LAWFUL BUSINESS 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 signée

## 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.

	l.	The name	of the	Limited	Liability	Company	ís
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STOCK ISLAND, LLC	<del></del>
2. The name and the Florida street address of the registered agent and office are:	ECREDE ALLAHASS
C T Corporation System	
(Name)	\times
1200 South Pine Island Road	Daile Balba
Florida street address (P.O. Box NOT ACCEPTABLE)	<del>-</del>
Plantation FL 33324	
(City/State/Zip)	<del>-</del>

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.

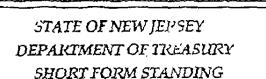
(Signature)
ANN WILLIAMS
Assistant Vice President

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



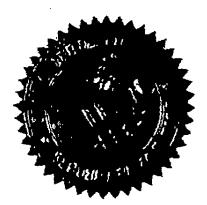
### STUCK ISLAND, LLC

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 4, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Lowell P Cave 60 Fostertown Road Medford, NJ 08055



IN TESTIMONY WHEREOF, I have

hereinto set my hand and affixed my Official Seal at Trenton, this 17th day of January, 2003

Johnstone

John E McCormac, CPA
State Treasurer