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ACCOUNT NO. : 072100000032

REFERENCE: 949834

AUTHORIZATION Patricia Punt

COST LIMIT : \$ 155.00

ORDER DATE: March 3, 2003

ORDER TIME : 10:35 AM

ORDER NO. : 949834-005

CUSTOMER NO: 7247594

CUSTOMER: Ms. Linda Digioia

Stern Greenberg & Kilcullen

75 Livingston Avenue

Roseland, NJ 07068

FOREIGN FILINGS

NAME: RIVERVIEW FAMILY MANAGEMENT,

L.L.C.

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

7247594

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:

· ·	of foreign limited (liability company)
Delaware	3. <u>n/a</u>
urisdiction under the law of which foreign limited company is organized)	d liability (FEI number, if applicable)
2/14/03	5. perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
effective upon filing (Date first transacted business in F	Plorida. (See sections 608.501, 608.502, and 817.155, F.S.)
373 S. Country Club Rd.	
Atlantis, FL 33462	
(Str	reet address of principal office)
f limited liability company is a manager-	
The name and usual business addresses o	of the managing members or managers are as follows:
Joanne Jeffries 59 Topsail Road	
	ATE GRIDA
	nore than 90 days old, duly authenticated by the official having custody of reced. (A photocopy is not acceptable. If the certificate is in a foreign language lator must be submitted.)
the jurisdiction under the law of which it is organiza translation of the certificate under oath of the transla	red. (A photocopy is not acceptable. If the certificate is in a foreign language
the jurisdiction under the law of which it is organiza translation of the certificate under oath of the transla	zed. (A photocopy is not acceptable. If the certificate is in a foreign language lator must be submitted.)
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the jurisdiction under the law of which it is organize translation of the certificate under eath of the translation of the certificate under eath of the translation of business or purposes to be considered to b	and (A photocopy is not acceptable. If the certificate is in a foreign language attor must be submitted.) Inducted or promoted in Florida: home healthcare are or or an authorized representative of a member. 608.408(3), F.S., the execution of this document constitutes
the jurisdiction under the law of which it is organize translation of the certificate under eath of the translation of the certificate under eath of the translation of the certificate under eath of the translation. Nature of business or purposes to be considered to be consider	and (A photocopy is not acceptable. If the certificate is in a foreign language ator must be submitted) Inducted or promoted in Florida: home healthcare or or an authorized representative of a member.

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.

I.	. The name of the Limited Liability Company is:	
	Riverview Family Management, L.L.C.	
2.	. The name and the Florida street address of the registered agent and office are:	
	Company (Name)	
	1201 Hays Street Florids street address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FL 32301 (City/State/Zip)	
H	Having been named as registered agent and to accept service of process for the above stated lit	mited

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.

Myskett B Konieczny
(Signature)

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

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIVERVIEW FAMILY MANAGEMENT,

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 THIRD DAY OF MARCH, A.D.

2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIVERVIEW FAMILY MANAGEMENT, L.L.C." WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2003.

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



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 2283775

DATE: 03-03-03

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