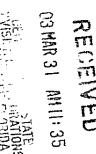
403000000

LURETARY OF TALLAHASSEE,

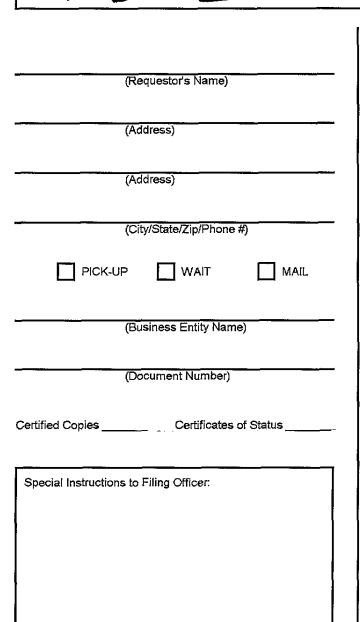


600014401676

93/31/03--01015--023 **125.00



10 F



Office Use Only

CT CORPORATION

FILED

03 MAR 31 PM 2: 17

...LINETARY OF STATE
TALL AHASSEE, FLORIDA

March 31, 2003

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

Re:

Order #: 5809732 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Alcurt Tallahassee LLC (DE)

Registration Florida

rioria

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

Sile Second

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,

Katrina Forsman Fulfillment Specialist

Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA 03 MAR 31 PM 2: 17

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:

1.	Alcurt Tallahassee LLC
	(Name of foreign limited liability company)
2.	State of Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 56-232 5630 (FEI number, if applicable)
4.	March 5, 2003 (Date of Organization) 5. Perpetual (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.	21 Ramah Circle, Agawam, Massachusetts 01001
	(Street address of principal office)
o	If limited lightlites assessment is a second second assessment about the second
٥.	If limited liability company is a manager-managed company, check here x
9.	The name and usual business addresses of the managing members or managers are as follows:
	Alcurt Realty Group, Inc., 21 Ramah Circle, Agawam, MA 01001
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody 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.)
11	. Nature of business or purposes to be conducted or promoted in Florida: 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.)
	Ad am Cuttes, 1110 Ptesident
	Typed or printed name of signee

FILED

ALCURT TALLAHASSEE LLC

Attachment to Application by Foreign Limited Liability Company
for Authorization to Transact Business in Florida

| TOTAL ARTY OF STATE | ALL ARTY OF STATE | ARTY OF STATE |

11. Nature of business or purposes to be conducted or promoted in Florida:

To acquire, develop, construct, improve, finance, mortgage, hold, own, operate, lease and sell, exchange or otherwise dispose of certain property located in Tallahassee, Florida, and to engage in any other lawful activities in which limited liability companies organized under the laws of the State of Delaware are permitted to engage, subject to such limitations, if any, as are applicable to foreign limited liability companies authorized to transact business in Florida.

FILED

CERTIFICATE OF DESIGNATION OF 03 MAR 31 PM 2: 17 REGISTERED AGENT/REGISTERED OFFICE TALLAHASSEE, FLORIDA

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	of the Limited Liabil	ity Compa	nny is:			
Alcur	t Tallahassee	LLC				
2. The name a	and the Florida stree	t address o	of the registe	red agent and of	fice are:	_
		стс	orporation Sys	stem		
			(Name)			
	c/o C T Corporation System, 1200 South Pine Island Road					
	Florida street address (P.O. Box NOT ACCEPTABLE)					
	Plantation,		FL	33324		
		(Ci	ity/State/Zip)			
liability comparegistered agestatutes relating accept the obli	any at the place desig nt and agree to act in	gnated in the state of this capacities of this capacities of the state	his certificat city. I furtho erformance tered agent o LAUFEN	e, I hereby accep er agree to comp of my duties, and	-	
		\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation Certified	e for Application on of Registered Copy (optional) e of Status (opti	I Agent	

Delaware

PAGE 1

FILED

The First State

03 MAR 31 PM 2: 17

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE 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 SEVENTEENTH DAY OF MARCH, A.D. 2003.

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



8300

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2312042

030177202 DATE: 03-17-03