

M03000003507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

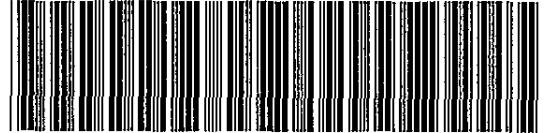
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
03 OCT 20 PM 12: 34  
DIVISION OF CORPORATION  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
FILED  
03 OCT 20 AM 8: 23



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 284704 5022577  
AUTHORIZATION :  
COST LIMIT : \$ 125.00

FILED  
03 OCT 20 AM 8:23  
STATE  
TALLAHASSEE, FLORIDA

*Patricia Pijoto*

ORDER DATE : October 17, 2003  
ORDER TIME : 11:12 AM  
ORDER NO. : 284704-005  
CUSTOMER NO: 5022577  
CUSTOMER: Martha Schwarz, Legal Asst  
Montgomery Mccracken Walker &  
24th Floor  
123 South Broad Street  
Philadelphia, PA 19109

FOREIGN FILINGS

NAME: PROCACCI 5082, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 1149

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

03 OCT 2003 AM 8:23  
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Procacci 5082, LLC  
(Name of foreign limited liability company)

2. Delaware 3. applied for  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 15, 2003 5. December 31, 2099  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. October 23, 2003  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. One Wachovia Center, 301 South College Street, Charlotte, NC 28288  
(Street address of principal office)

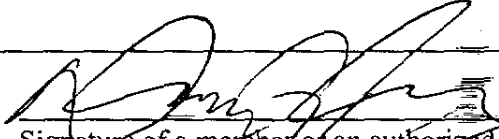
8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

- Evander S. Jones, Jr. - 301 South College Street, Charlotte, NC 29288
- Lynwood C. Brewer - 301 South College Street, Charlotte, NC 29288
- David C. Montgomery - 1339 Chestnut Street, Philadelphia, PA 191097

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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: own real estate

  
Signature of a member of 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.)  
David C. Montgomery, Manager  
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 Limited Liability Company is:

Procacci 5082, 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

(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.*

*Vera Harris*  
(Signature)

Authorized Representative

\$ 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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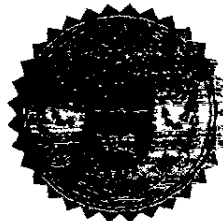
## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROCACCI 5082, 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 SEVENTEENTH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROCACCI 5082, LLC" WAS FORMED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2003.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3715537 8300

AUTHENTICATION: 2696516

030669235

DATE: 10-17-03