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FOREIGN LIMITED LIABILITY COMPANY

Gelfand Naples, LLC

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

	DILIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	Gelfand Naples LLC (Name of foreign limited liability company)
	(Name of foreign limited liability company)
(Juri:	Deloware soliction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
· <u> </u>	(Date of Organization) 5. Devoe tual (Duration: Year ilmited liability company will ocase to exist or "perpetual")
	(Date first transacted business in Florids. (See sections 608.501, 608.502, and 817.155, F.S.)
·	Chicago 14 60603 (Street address of principal office) imited liability company is a manager-managed company, check here
	Chicago 16 60603
	(Sirver address of principal office)
. If i	imited liability company is a manager-managed company, check here
. Th	e name and usual business addresses of the managing members or managers are as follows: Checke, Inc. 135 5. LaSalle St., Suite 1940
	Chicago, IL 60603
_	
). At	tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec Fjurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langu
the	instation of the certificate under oath of the translator must be submitted.)
the	ature of business or purposes to be conducted or promoted in Florida: hold +i+le to
the	unslation of the certificate under oath of the translator must be submitted.)
the	ature of business or purposes to be conducted or promoted in Florida: hald +i+le +o [Cal estate
the	ature of business or purposes to be conducted or promoted in Florida: hold +i+le to I la estate College Tag., Sole member
the	ature of business or purposes to be conducted or promoted in Florida: hold +i+le +o I lul estate LOELRE, Inc., Sole member Signature of a member or an authorized representative of a member.

FN 9:40

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 Liz	bility Compa	my is:			
		Selfan	J. Nac	les LL	<u></u>	
2. The name	and the Florida str		1	•	ì	
		CTC	orporation Syst	em	•	AL SS
(Name)						
			• •		•	- SEE PLOADA
			stern, 1200 Ser ress (P.O. Box)			<u> </u>
	FIG	itak kacar saar	· · · · · · · · · · · · · · · · · · ·	COLL ROOFFIRE	124)	_
	Pinntetion,		FI.	33324		
		(C	ity/State/Zip)			
liability compregistered ag statutes relation accept the ob	named as registered any at the place de- ent and agree to ac- ing to the proper an ligations of my posi CT Composition S	signated in ti t in this capa d complete p ition as regis	his certificate, city. I further terformance o	I hereby acc agree to co of my duties, c	ept the appoin uply with the j and I am fami	niment as provisions of all lior with and
<u> </u>						
	(Signamre)					

Delaware The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GELFAND NAPLES. LLC" IS DULI 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 TWENTY-THIRD DAY OF APRIL, A.D. 2004.

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

KILAHASSEE, FLORIDA

Warnet Smith Windson ...

AUTHENTICATION: 3071308

DATE: 04-23-04

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