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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	IMSC TPP LLC (Name of foreign limited liability company)	-
٠.	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 42-1634318 (FEI number, if applicable)	•
•	06/14/2004 5. Perpetual (Date of Organization) (Duration: Year limited liability company will cease to	_
	exist or "perpetial")	
• •	Upon Qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	•
·.	100 Jim Moran Blvd., Deerfield Beach, FL 33442	,
	(Street address of principal office)	•
•	If limited liability company is a manager-managed company, check here	
	The name and usual business addresses of the managing members or managers are as follows:	•
	JM Family Enterprises, Inc., 100 Jim Moran Blvd., Deerfield Beach, FL 33442	
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	.OR	i
	DA DA	ı
Э.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reclaim under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language	
	translation of the certificate under oath of the translator must be submitted.)	
Ŀ.	. Nature of business or purposes to be conducted or promoted in Florida:	
	See Attachment	
	Simulation of a market	
	Signature of a member of an authorized representative of a member. (to accordance with section 608.409(3), F.S., the execution of this document constitutes are affected in under the penalties of perjury that the facts stated herein are true.)	
	John J. Whelan, Vice President, Corporate Secretary of JM Family Enterprises	

Inc., its Typed or printed name of signee FLOST- NIMED CTTMING MEMBERS OF MEMBERS OF MEMBERS OF THE PROPERTY O

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Attachment to Florida

Nature of the LLC's Business

to engage in any and all lawful act or activity for which a limited liability company may be formed under the Limited Liability Company Act.

SECNLINGE STATE

6/18/2004

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.

· · · · · · · · · · · · · · · · · · ·	rc		
2. The nan	ne and the Florida street address	of the registered agent and office are:	SECINATIONS
	C T Corporation System		25 25
		(Name)	
	a/o C T Corporation System, 12	00 South Pine Island Road	e. J. Äll FLORI
	Florida street address (P.O. Box NOT ACCEPTABLE)		AND A
	Plantation	FIL 33324	
	(0	City/State/Zip)	•
	her tvent heretziner in heuri	to consent semine of veneges for the charact	
liability con registered a statutes rela accept the o CT Corporati	npany at the place designated in t igent and agree to act in this capa sting to the proper and complete p bligations of my position as regis ion System	to accept service of process for the above s this certificate, I hereby accept the appoints acity. I further agree to comply with the pro performance of my duties, and I am familia stered agent as provided for in Chapter 608	nent as ovisions of all r with and
liability con registered a statutes rela accept the o	npany at the place designated in t igent and agree to act in this cape uting to the proper and complete p bligations of my position as regis ion System WML ALWY	this certificate, I hereby accept the appoints acity. I further agree to comply with the propertions oerformance of my duties, and I am familia	nent as ovisions of all r with and
liability con registered a statutes rela accept the a CT Corporation	npany at the place designated in t igent and agree to act in this capa sting to the proper and complete p bligations of my position as regis ion System	this certificate, I hereby accept the appoints acity. I further agree to comply with the propertions oerformance of my duties, and I am familia	nent as ovisions of all r with and
liability con registered a statutes rela accept the a CT Corporation	rpany at the place designated in tigent and agree to act in this cape ting to the proper and complete publications of my position as registion. System (Signature) A. BURKE	this certificate, I hereby accept the appoints acity. I further agree to comply with the propertions oerformance of my duties, and I am familia	nent as ovisions of all r with and
liability con registered a statutes rela accept the a CT Corporation	repany at the place designated in a gent and agree to act in this capating to the proper and complete publications of my position as registion. System (Signature) A. BURKE TANT SECRETARY	this certificate, I hereby accept the appointmentive. I further agree to comply with the properformance of my duties, and I am familiantered agent as provided for in Chapter 608	nent as ovisions of all r with and

5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JMSC TPP 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 TWINTY-SECOND DAY OF JUNE, A.D. 2004.

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

Harrier Smith Windson Planter Strategy Strategy

DATE: 06-22-04

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