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VISION OF CORREDOR

FOREIGN LIMITED LIABILITY COMPANY

Prodential - MW III LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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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:

| ì. | Prudential - MW III LLC | | |
|-----|---|---|--|
| | (Name of foreign limited liability company | <i>?</i> | |
| 2. | 2 Delaware 3. N/A | | |
| | (Jurisdiction under the law of which foreign limited liability (FEI meaning any is organized) | umber, if applicable) | |
| 4 | 4 9/1/2004 5. perpetual | | |
| ٠, | (Dete of Openization) (Duration: Year)in | nited liability company will cease to to "perpetual") | |
| 6 | anticipated 9/23/2004 | | |
| υ. | (Date first transacted business in Florida. (See sections 608.50), 608.5 | 602, and \$17.155, F.S.) | |
| 7. | 8 Campus Drive, 4th Floor, Parsippany, New Jersey 07054 | | |
| | | | |
| | (Street address of principal office) | | |
| 8. | 8. If limited liability company is a manager-managed company, check her | e × | |
| 9. | 9. The name and usual business addresses of the managing members or m | | |
| | The Prudential Insurance Company of America | | |
| | 8 Campus Drive, 4th Floor, Parsippany, New Jersey 07054 | 9 3 | |
| | | | |
| 10. | 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticate the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. It translation of the certificate under each of the translator must be submitted.) | | |
| 11. | 1. Nature of business or purposes to be conducted or promoted in Florida | 4: | |
| | Indirect ownership of residential real property | · | |
| | Denn D. Forcucci | | |
| | Signature of a member or an authorized representati | ve of a member. | |
| | (In accordance with section, 603, 408(3), F.S., the execution of this do an affirmation under the penalties of perjury that the facts stated here | /curates constituies pin are true.) | |
| | Glenn D. Forcucci | <u>-</u> | |
| | Typed or printed name of signee | | |

16:53

SEP-03-2004

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.

| 1. The name o | f the Limited I | Liability Company is: |
|---------------|-----------------|--|
| Prudential | - MW III LLC | - |
| 2. The name a | nd the Florida | street address of the registered agent and office are: |
| • | C T Corpor | ation System |
| | | (Name) |
| | 1200 South | Pine Island Road |
| |) | Florida street address (P.O. Box NOT ACCEPTABLE) |
| | Plantation | |
| | | (City/State/Zip) |
| | | (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.

(Signature)

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

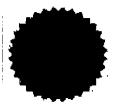
5 5.00 Certificate of Status (optional)

Delaware The First State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARI OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRUDENTIAL-MW III 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 SECOND DAY OF SEPTEMBER, A.D. 2004.

AND I DO HEREN FURTHER CERTIFY THAT THE ANNUAL TAXES RAVE NOT BEEN ASSESSED TO DATE.



Warnet Somila Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3330691

3849723 8300

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DATE: 09-02-04