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FOREIGN FILINGS

NAME: KIRKSIDE MANAGEMENT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

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:

(Name of Foreign Limited	d Lia	bility Company)	宣
-			2005 JAN 18 A 10
Delaware	3.	20-0793598	
(Jurisdiction under the law of which foreign limited liability company is organized)	/	(FEI number, if applicable)	<u>س</u> ـ
			. 00
November 12, 2003	5.	Perpetual	
(Date of Organization)		(Duration: Year limited liability company will cease	e to
		exist or "perpetual")	
Upon filing			36
(Date first transacted business in I (See sections 608.501 & 608.502 F	Flori S. to	da, if prior to registration.)	- Ex
		, ,,	
400 Alton Road, Suite 1503			
Minni Bench DT 22120			
Miami Beach, FL 33139	00.05	Principal Office)	
(Street Address	22 O1	rincipal Office)	
. If limited liability company is a manager-manage	ad co	ompany check here	
. If infined habitity company is a manager-manage	Ju Ci	Shipany, check here [1]	
. The name and usual business addresses of the ma	anao	ving members or managers are as follows:	
. The hand and additional additions of the me		,mg momoors or managers are as removes.	
Andrew Goodwin, Manager and Member			
400 Alton Road, Suite 1503			
Miami Beach, FL 33139			
0. Attached is an original certificate of existence, no more than 9	0 day	s old, duly authenticated by the official having custody	ofrecor
O. Attached is an original certificate of existence, no more than 9 ne jurisdiction under the law of which it is organized. (A photoco		,	
,	opy i	s not acceptable. If the certificate is in a foreign language	
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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 Co	ompany is:	200
Kirkside Management LLC		E S T
2. The name and the Florida street addre	ess of the registered agent and office are	MISSEE
Andrew Goodwin		
(Name)		08 23
400 Alton Road, Sui Florida Street	te 1503 Address (P.O. Box NOT ACCEPTABLE)	——————————————————————————————————————
Miami Beach	FL 33139 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, Florida Statutes.

Andrew Goodwin, Manager and Member

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIRKSIDE MANAGEMENT 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 JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIRKSIDE MANAGEMENT LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2005 JAN 18 AM IO: 23



Warriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3621328

DATE: 01-17-05

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