# M05000000540

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000045700240

05 FEB - 2 PH 3: 44 JISICH OF C. SANICH FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE

: 179394

5168766

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: February 1, 2005

ORDER TIME : 11:30 AM

ORDER NO. : 179394-005

CUSTOMER NO: 5168766

CUSTOMER: David Witt

Greystone & Co., Inc.

60th Floor

152 West 57th Street New York, NY 10019

#### FOREIGN\_FILINGS

NAME: 18400 TOLEDO BLADE, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

\_\_\_\_ PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

OS FEB. 2 ON O. L.

### 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 Limit	ed Li	ability Company)	-
elaware		3	20-2258381	-
Jurisdiction under the ompany is organized)	aw of which foreign limited liabil		(FEI number, if applicable)	<b>,</b>
February 1, 200	5	5.	perpetual	, -0
	Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	منزخ بن
Upon Qualificat	ion		98	
	(Date first transacted business in (See sections 608.501 & 608.502	n Flor F.S. t	da, if prior to registration.) o determine penalty liability)	
c/o Greystone H	ealthcare Management Co	rp.,	3922 Coconut Palm Drive, Suite 102	_
Tampa, FL 33619				
	(Street Add	ress o	Principal Office)	_
If limited liability	company is a manager-mana	ged c	ompany check here	
it illined illionity	company is a manager mana	500.	ompany, vacon note	
The name and usu	al business addresses of the n	nana	ging members or managers are as follows:	
			•	
NH Florida Rea	(cy, b.b.c.			_
152 West 57th	Street, 60th Floor			
				_
New York, NY 1	0019			_
			ys old, duly authenticated by the official having custody of i	
	work which it is organized. (A prior under eath of the translator must be		is not acceptable. If the certificate is in a foreign language, a tred \	
			·	
. Nature of busines	ss or purposes to be conducte	d or	promoted in Florida: Own Real Property	_
	<del></del>	<del> </del>	1-1-1-1	<b></b> •
			1 11	
	Signature of a member or a	a aut	norized 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	perjur	y that the facts stated herein are true.)	
	David Witt, Authorized	Per	son	
			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:					
18400 Toledo	Blade, L.L.C.				
2. The name ar	nd 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, Florida Statutes.

Corporation Service Company

By: Selvous Uskipper

(Signature)

Deborah D. Skipper Asst. V. Pres.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 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 "18400 TOLEDO BLADE, L.L.C." 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 FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "18400 TOLEDO BLADE, L.L.C." WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2005.

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



Warriet Smith Hindson Sacrature of State

arriet Smith Windsor, Secretary of State

AUTHENTICATION: 3656740

DATE: 02-02-05

3919754 8300

050083489