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| (Requ | uestor's Name) | |
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| (City/s | /State/Zip/Phone #) | |
| PICK-UP | WAIT MAIL | |
| (Busir | ness Entity Name) | |
| (Docu | ument Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions to Fil | ling Officer | |





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ACCOUNT NO. : 072100000032

REFERENCE: 209884

4612432

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: February 17, 2005

ORDER TIME : 9:33 AM

ORDER NO. : 209884-005

CUSTOMER NO: 4612432

CUSTOMER: Geoffrey Weber, Esq.

Archer & Greiner, P.c. One Centennial Square

Haddonfield, NJ 08033

FOREIGN FILINGS

NAME: THE CAVE WELLS 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: Amanda Haddan -- EXT# 2955

EXAMINER:

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

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

| (Name of Fore | gn Linnied Liability Company) | |
|--|---|------------------|
| New Jersey | 20-2356429 | |
| (Jurisdiction under the law of which foreign limi company is organized) | ed liability (FEI number, if applicable) | |
| 2/15/2005 | 5. perpetual | |
| (Date of Organization) | (Danation: Your limited liability company exist or "perpetual") | will posse to |
| | | |
| (See sections 608.50). B | usiness in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability) | Ē |
| 60 Postertown Road | | |
| Medford, NJ 08055 | | • |
| | reet Address of Principal Office) | ···· |
| | r-managed company, check here 2 | lows: |
| The name and usual business addresses Lowell P. Cave Ste | of the managing members or managers are as fol | lows: |
| The name and usual business addresses Lowell P. Cave Ste | of the managing members or managers are as fol | lows: |
| The name and usual business addresses Lowell P. Cave Sta 60 Fostertown Road 373 | of the managing members or managers are as fol | lows: |
| Lowell P. Cave Ste 60 Fostertown Road 373 Medford, NJ 08055 Key 10. Attached is an original craffic and craft in organized random of the certificate of purposes to be constructed by the construction of the certificate or purposes to be constructed by the construction of the certificate or purposes to be constructed. | of the managing members or managers are as follows: Wells 4 Faula Avenue West, FL 33048 Apartical Solaysold, duly animates of by the official lieve (Aphrocopy is not acceptable. If the ceptificate is in a first must be solved itself.) | ng custady cafr |
| Lowell P. Cave Sta 60 Fostertown Road 373 Medford, NJ 08055 Key 10. Attached is an original cardificate of existence, no he jurisdiction under the law of which it is organized marketon of the certificate under cott of the terrelated | of the managing members or managers are as follows: Wells 4 Faula Avenue West, FL 33048 Apartical Solaysold, duly animates of by the official lieve (Aphrocopy is not acceptable. If the ceptificate is in a first must be solved itself.) | ng custody cafin |
| Lowell P. Cave Ste 60 Fostertown Road 373 Medford, MJ 08055 Key 10. Attached an original emilicate of existence, no hejerial confidence and of heteroidants and of heteroidants. 11. Nature of business or purposes to be coming real estate. | of the managing members or managers are as follows: Wells 4 Faula Avenue West, FL 33048 Apartical Solaysold, duly animates of by the official lieve (Aphrocopy is not acceptable. If the ceptificate is in a first must be solved itself.) | ng custody cafin |

Lowell P. Cave, Member 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 | of the Limited Liability Company is: | |
|----------------|--|--|
| The Cave Wel | ells LLC | |
| 2. The name a | and 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

: Usabett S. Muccessy

(Signature)

Elizabeth R. Konieczny, Asst. VP

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

DEPONDED DE LA PRIME DEL PRIME DE LA PRIME DEL PRIME DE LA PRIME DEL PRIME DE LA PRIME DE LA PRIME DEL PRIME DE LA PRIME DEL PRIME D

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

THE CAVE WELLS LLC 0600227604

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on February 15, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

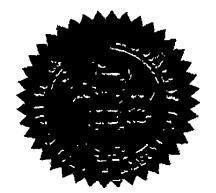
I further certify that the registered agent and registered office are:

Lowell P Cave 60 Fostertown Road Medford, NJ 08055

Continued on next page . . .

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

THE CAVE WELLS LLC



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of February, 2005

John E McCormac, CPA State Treasurer