M0500001314

(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



000047545600

03/11/05--01003--023 **160.00





Sundato Posse					
Requester's Name	*				
Address					
City/State/Zip Phone #	454				
	TASE 05				
	Office Use Only				
1. Pickwick Ma (Corporation Name)	Mager (Document #)				
2. (Corporation Name)	(Document #)				
3. (Corporation Name)	(Document #)				
4. (Corporation Name)	(Document #)				
Walk in Pick up time	Certified Copy				
Mail out Will wait	Photocopy Certificate of Status				
NEW FILINGS	AMENDMENTS				
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director				
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal				
Other	Merger				
OTHER FILINGS	REGISTRATION/QUALIFICATION				
Annual Report Fictitious Name	Foreign Limited Partnership				
	Reinstatement Trademark Other				
	Examiner's Initials				
CR2E031(7/97)					

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 OF OREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of Foreign I	Limited Lia	ability Company)
Delaware		3.	20-2390880
(Jurisdiction und company is organ	er the law of which foreign limited l nized)		(FEI number, if applicable)
February 23, 2		5.	Perpetual
(I	Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
Upon registrat	ion		
	(Date first transacted busine (See sections 608.501 & 608	ess in Flori .502 F.S. t	ida, if prior to registration.) o determine penalty liability)
2121 N.W. 29t	h Court		
Fort Lauderdal	le, Florida 33311		
	(Street	Address of	f Principal Office)
If limited liab	.:1:4		
ii iiiiiiica nac	onity company is a manager-ma	anaged c	ompany, check here
		_	ompany, check here ging members or managers are as follows:
The name and		he manag	ging members or managers are as follows:
The name and	d usual business addresses of the	he manag	ging members or managers are as follows:
The name and	d usual business addresses of the	he manag	ging members or managers are as follows:
The name and	d usual business addresses of the	he manag	ging members or managers are as follows:
The name and	d usual business addresses of thinson, Trustee, 370 Maple, Third	he manag Floor, Biri	ging members or managers are as follows: mingham, Michigan 48009
The name and James L. Belli	d usual business addresses of the inson, Trustee, 370 Maple, Third inson, Third inso	he manag Floor, Birn than 90 da	ging members or managers are as follows: mingham, Michigan 48009 ys old, duly authenticated by the official having custody of reco
The name and James L. Belli	d usual business addresses of the inson, Trustee, 370 Maple, Third inson, Third inso	he manag Floor, Birn than 90 da photocopy i	ging members or managers are as follows: mingham, Michigan 48009 ys old, duly authenticated by the official having custody of receis not acceptable. If the certificate is in a foreign language, a
The name and James L. Belli James L.	d usual business addresses of the inson, Trustee, 370 Maple, Third inson, Trustee, 370 Maple, Third inspection is ginal certificate of existence, no more or the law of which it is organized. (A publicate under oath of the translator must	he manag Floor, Birn than 90 day shotocopy in the submin	ging members or managers are as follows: mingham, Michigan 48009 ys old, duly authenticated by the official having custody of receis not acceptable. If the certificate is in a foreign language, a tted.)
The name and James L. Belli James L.	d usual business addresses of the inson, Trustee, 370 Maple, Third inson, Trustee, 370 Maple, Third inspection is ginal certificate of existence, no more or the law of which it is organized. (A publicate under oath of the translator must	he manag Floor, Birn than 90 day shotocopy in the submin	ging members or managers are as follows: mingham, Michigan 48009 ys old, duly authenticated by the official having custody of receis not acceptable. If the certificate is in a foreign language, a
The name and James L. Belli James L.	d usual business addresses of the inson, Trustee, 370 Maple, Third inson, Trustee, 370 Maple, Third inspection is ginal certificate of existence, no more or the law of which it is organized. (A publicate under oath of the translator must	he manag Floor, Birn than 90 day shotocopy in the submin	ging members or managers are as follows: mingham, Michigan 48009 ys old, duly authenticated by the official having custody of receis not acceptable. If the certificate is in a foreign language, a tted.)
The name and James L. Belli James L. Belli James L. Belli James L. Belli James L. Attached is an or ejurisdiction under instation of the cert. Nature of but	d usual business addresses of the inson, Trustee, 370 Maple, Third inson, Trustee, 370 Maple, Third inspection is ginal certificate of existence, no more or the law of which it is organized. (A publicate under oath of the translator must	he manag Floor, Birn than 90 day shotocopy in the submin	ging members or managers are as follows: mingham, Michigan 48009 ys old, duly authenticated by the official having custody of receis not acceptable. If the certificate is in a foreign language, a tted.)
The name and James L. Belli James L. Belli James L. Belli James L. Belli James L. Attached is an or ejurisdiction under instation of the cert. Nature of but	d usual business addresses of the inson, Trustee, 370 Maple, Third riginal certificate of existence, no more of the law of which it is organized. (A publicate under eath of the translator must be siness or purposes to be conducted to the conduc	than 90 day	ging members or managers are as follows: mingham, Michigan 48009 ys old, duly authenticated by the official having custody of receis not acceptable. If the certificate is in a foreign language, a tted.)

Kathleen Raven Gurrola, Authorized Representative of 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.

The name of the Limited Liability Company is: Pickwick Manager, LLC				
	James L. Bellinson			
	(Name)			
	2121 N.W. 29th Court			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Fort Lauderdale,	FL 33311		
		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.

(Signature)

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PICKWICK MANAGER, 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 NINTH DAY OF MARCH, A.D. 2005.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3732487

DATE: 03-09-05

3930527 8300

050200220