Florida Department of State

Division of Corporations Public Access System

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FOREIGN LIMITED LIABILITY COMPAN

NP Management, LLC

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$160.00

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Corporate Filino

5/13/2005

		TRANS	SMITTAL LETTER	
TO:	Registration Section Division of Corpor			
SUBJ	ECT:	NP Manage (Name of Li	ment, LLC mited Liability Company)	-
Florid	a," Certificate of Exi	by Foreign Limited L istence, and check are est business in Florida.	isbility Company for Authorization to T submitted to register the above reference.	ransact Business in ed foreign limited
Please	return all correspon	dence concerning this	matter to the following:	
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		(3)	laine of Person)	
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		Rost	on, MA 02110	
		——————————————————————————————————————	State and Zip Code)	
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For fin	ther information con	cerning this matter, pl	lesse call:	
	Lorra	ine E. Tobin	at(401) 455~1000	
		ne of Person)	(Area Code & Daytime Telephone	Number)
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	STREET ADDRES		MAILING ADDRESS:	
	Registration Section		Registration Section	
Division of Corporations 409 E. Gaines Street			Division of Corporations	و در مستد المحمد المحمد المدرا
	Tallahassee, Florida		P.O. Box 6327	$\tilde{\omega}$.
	wermingsoch T.KATIGE	. <i>77</i>	Tallahassee, Florida 32314	in the
Enclose	ed is a check for the	following amount:		14 S.
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	□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate o		ig Fee, Certificate

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

	NP Manage	ment. LLC	2	
			bility Company)	
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Delawa	re the law of which foreign lim	3,	13-4297737 (FEI number, if applicable)	
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Anril	26, 2005	5.	2035	
(Dal	e of Organization)		(Duration: Year limited liability company will coase exist or "perpensal")	w
Not cu	rrently doing b	hosiness in Flori	da, if prior to registration 1	
	(See sections 608.501 d	\$: 603.502 F,S, k	o determine penalty liability)	
1485 8	outh County Tra	17.1		
East G	reenwich, R. I.	02818		
			Principal Office)	
	usual business addresses	_	ompany, check here [2]	
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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:							
	NP	Management,	LLC					
2.	2. The name and the Florida street address of the registered agent and office are:							
	C T Corporation System							
(Name)						•		
	Florida Strest Address (F.O. Box NOT ACCEPTABLE)							
		Plan	tetion	FL	335 24			
				City/State/Zip		- La		

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.

By: Luten Betry

(Signature)

ASSESSED FOR THE PROPERTY ASSESSED FOR THE P

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

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CT BOSTON 2



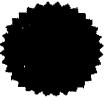
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MP 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 TWELFTH DAY OF MAY, A.D. 2005.



3961162 8300 0503790**7**1



Varriet Smith Handson Harriet Smith Windson, Secretary of State

DATE: 05-12-05