SECRETARY OF STATE

	TALLAHASSEE, F	FIORIDA
(Requestor's Name)		
(Address)		90005629
(Address)		30003023
(City/State/Zip/Phone	e#)	
PICK-UP WAIT	MAIL	
(Business Entity Nan	ne)	06/21/0S01028
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TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO: Registration Section Division of Corporations						
orm.	TD CT	· - TCS-BU	LIIC			
SUBJ	ECT:		imited Liability (Company)		
Florid		Foreign Limited I	Liability Compar submitted to reg	y for Authoriz	tation to Transact Business in referenced foreign limited	
Please	e return all corresponder	nce concerning this	s matter to the fo	llowing:		
		м	ary Ann Powell			
		(1	Name of Person)		_	
		Delaware	Corporate Service	es Inc.		
		(Firm/Company)		- · · · · · · · · · · · · · · · · · · ·	
		222 Dela	iware Avenue, 10ti	h Floor		
			(Address)			
		Wilmin	gton, Delaware 19	801		
		(City)	State and Zip Co	ode)		
For fi	urther information conce	erning this matter, p	please call:			
	Mary Ann Powell		at (³⁰²	888 6839		
	(Name	of Person)	(Area Co	de & Daytime	Telephone Number)	
•	STREET ADDRESS	:	MAI	LING ADDR	ESS:	
	Registration Section	•		stration Sectio		
	Division of Corporation	ons	Divi	sion of Corpor.	ations	
	409 E. Gaines Street			Box 6327		
	Tallahassee. Florida 3	2399	Talla	hassee. Florid	a 32314	
Enclo	sed is a check for the fo	llowing amount:				
	□ \$125.00 Filing Fee	□ \$130.00 Filing Fee Certificate		ling Fee & D Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy	

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2005 JUN 21 P 2: 55.

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

IN COMPLIANCE WITH SECTION 60X503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMBILITY COMPANY TO TRANSACT FILISINESS IN THE STATE OF FLORIDA: TCS-BU, LLC (Name of Foreign Limited Liability Company) 2 Deleware (Jurisdiction under the law of which foreign limited liability (PEI number, II applicable) company is organized) 5. perpetual 4. June 10, 2005 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date itest transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty tiability) 7. Graco Valdes Buite 207 1675 Main Street Weston, FL 33326 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 🗹 9. The name and usual business addresses of the managing members or managers are as follows: Barry J. Belmont - c/o Belmont Investment Corp., 600 Haverford Road, Suite G101, Haverford PA 19041 10. Attached is an original cartificate of existence, no more than 90 days old, duly authenticated by the official having custody of necords in the jurisdiction under the law of which it is expanised. (A photocopy is not becomptable. If the certificate is in a foreign language a translation of the certificate under onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Signature of a member of an authorized 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 perjury that the facis stated herein are true.) Barry J. Belmont

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 Liabil	ity Company is:				
TCS-E	BU, LLC					
2. The name :	and the Florida street	address of the registered agent and office are:				
	Grace Valdes					
		(Name)	•			
	Suite 207 1675 Main Street Weston, FL 33326					
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)				
	Weston	FL 33326				
		City/State/Zip				
liability compo agent and agre relating to the	any at the place designee to act in this capac proper and complete	gent and to accept service of process for the above nated in this certificate, I hereby accept the appoints. I further agree to comply with the provisions performance of my duties, and I am familiar with ered agent as provided for in Chapter 608, Florida	ntment as registered of all statutes and accept the			

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

Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE LAWASSEE, FLORID DELAWARE, DO HEREBY CERTIFY "TCS-BU, 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 TENTH DAY OF JUNE, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TCS-BU, LLC" WAS FORMED ON THE TENTH DAY OF JUNE, A.D. 2005.



Harriat Striph Wirther ASPCTESNY: of State 1417

DATE: 06-10-05

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