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PLEASE REPLY TO: TALLAHASSEE

July 13, 1998

-07/13/38--01094--012 ****346.25 ****346.25

Florida Department of State

Division of Corporations

Plorida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Qualification of P&P MHC Estates GP, LLC Qualification of P&P GP Manager, Inc.

Dear Sir or Madam:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida", "Certificate of Existence", and check in the amount of \$346.25 are submitted to register the above referenced foreign limited liability company to transact business in Florida. Please call me at 521-0890 when the certified copy and the certificate of status are available for pick-up.

Thank you very much for your assistance.

Sincerely,

Susan Avellone

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FILED STATE STORE CORPORATION

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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:

1. Name of so contains	f foreign limited liability company lined in the name at present.)	STATES must end with the w	GP, LLC ords "limited company	" or their abbreviation	n "L.C." if not
2. (Jurisdic company	MICHIGAN tion under the law of which foreign y is organized)	3. limited liability	(FEI n	umber, if applicable)	OINTE CRE
4	JULY 2, 1998 (Date of Organization)	5.	PERPE (Duration: Year limite exist or "perpetual")	TUAL d liability company w	vill coase to F
6	(Date first transacted busine	SS in Florida. (See Se	N ections 608.501, 608.5	02, and 817.155, F.S.	2: 24
7	31550 NORTH	WESTEKN	HIGHWAY	JUITE 110	
	FARMINGTON H	(Street address of p	CHIGAN principal office)	48334	
8. List na will ma	me, title, and business address anage the foreign limited liabi	s of each managir lity company in F	ng member[MGRM Torida: (attach add	[] or manager[MG itional page if nec	R]who essary)
	NAME & ADDRESS:	TITLE:	NAME & AD	DRESS:	TITLE:
	NAME & ADDRESS: ROSS H. PARTRICE		NAME & AD	DRESS:	
		1 MGRM	NAME & AD	DRESS: T	
	ROSS H. PARTRICH	1 MGRM MI	NAME & AD	DRESS:	TITLE:
	ROSS H. PARTRICH P.O. BOX 339695 FARMINGTON HILLS	1 MGRM MI	NAME & AD	DRESS:	
	ROSS H. PARTRICH P.O. BOX 339695 FARMINGTON HILLS	1 MGRM MI	NAME & AD	DRESS:	
 :	ROSS H. PARTRICH P.O. BOX 339695 FARMINGTON HILLS	1 MGRM MI	NAME & AD	DRESS:	
 :	ROSS H. PARTRICH P.O. BOX 339695 FARMINGTON HILLS	1 MGRM MI		DRESS:	
 :	ROSS H. PARTRICH P.O. BOX 339695 FARMINGTON HILLS	1 MGRM MI		DRESS:	
 :	ROSS H. PARTRICH P.O. BOX 339695 FARMINGTON HILLS	1 MGRM MI		DRESS:	TITLE:

having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

The undersigned member or authorized representative of a member of P+P MHC ESTATES GP, LLC certifies: 1) the above named limited liability company has at least two members; 2) the total amount of cash contributed by the member(s) is 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.) Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Filing Fee: \$250.00 for Application and Affidavit

Typed or printed name osignee

DAVID D. EASTMAN

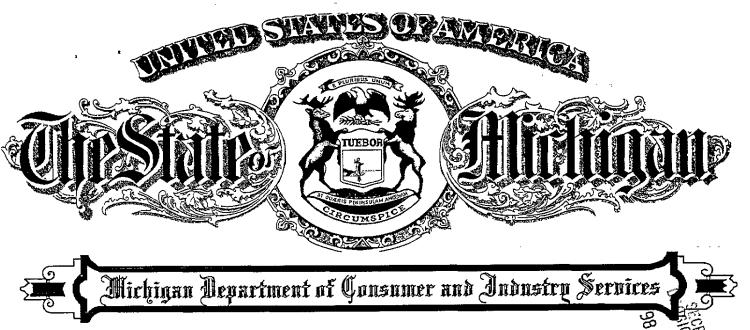
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:
OND MILE TEXTS CO IIC
P+P MHC ESTATES GP, LLC
2. The name and the Florida street address of the registered agent and office are:
DAVID D. EASTMAN
(Name)
101 SOUTH MONROE 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.

Devry Signature)

Filing Fee: \$ 35 for Designation of Registered Agent



Lansing, Michigan

This is to Certify That

Articles of Organization were filed in this office on July 2, 1998, for P&P MHC ESTATES GP, LLC, a Michigan limited liability company.

I FURTHER CERTIFY that the Articles are in full force and effect as of this date, and a Certificate of Dissolution has not been filed.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 2nd day of July, 1998.

Corporation, Securities and Land Development Bureau

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