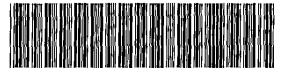
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(Requestor's Name)	-
(Address)	-
(Address)	•
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	(

Office Use Only



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RECEIVED

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DIVISION OF CORECRATION



ACCOUNT NO. : 072100000032

REFERENCE 584150 4374025
AUTHORIZATION LATICO 144025

COST LIMIT : \$ 125.00

ORDER DATE: September 7, 2005

ORDER TIME: 8:48 AM

ORDER NO. : 584154-005

CUSTOMER NO: 4374025

CUSTOMER: Ms. Michelle Scagliarini

Investcorp International, Inc.

36th Floor

280 Park Avenue New York, NY 10017

#### FOREIGN FILINGS

NAME: OCPB INVEST, 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: Darlene Ward -- EXT# 2935

EXAMINER:

OSSER OF PHICE SO

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

	' COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	CPS Invest 112 (Naluc of Foreign Limited Liability Company)
	(15200 C11 Oreign kinning Editority Company)
2.	(Jurisdiction under the law of which foreign limited liability (Fizh number, if applicable) company is organized)
4.	(Date of Organization)  5. (Duration: Year Impired liability company will cease to exist or "perpetual")
6.	A10 20 0005
	(Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 P.S. to determine penalty liability)
7.	_ DER Park Avenue
	New York MY 10017
	NCLUYONK NY IODICI (Sireet 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:
	John R. Fraser 280 Park Avenue New York, NY 10017
	F. Jonathan Dracos JROPark Avenue New York, MY 10017
фe	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official baying custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a islation of the certificate under onth of the translator must be submitted.)
	Nature of business or purposes to be conducted or promoted in Florida: all activities
	nccessary, proper, advisable, incidental, or convenient to the
	ownership, goration leasing or otherwise dealing with real property
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.9., the execution of this document constitutes an affirmation under the penaltics of perjuty that the facts stated herein are true.)
	Tohn R. Fraser  Typed or printed name of signec

#### 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.

Į,	The name of the Limited Liability Company is:
	OCPB Invest, LLC
2.	The name 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 Ff. 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 appoint. 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.

Ey: Company Company (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

PAGE

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OCPB INVEST, 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 SEVENTH DAY OF SEPTEMBER, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCPB INVEST. LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4140268

DATE: 09-07-05

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