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DATE:

09-13-05

NAME:

PINE ISLAND LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: \$125

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAULYHOD

SEP 13 PH 3: 53

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Pine Isla				
	(Name of	Foreign Limited Li	ability Company)	
Delaware		7	N/A	
Jurisdiction un company is org	der the law of which foreign anized)	Ilmited liability	(PEI number, if applicable	e)
September		5.	Perpetual	
	Date of Organization)		(Duration: Year limited liability comparexist or "perpetual")	ny will cease to
Upon acce	eptance of this fil	ling		
	(Date first transac (See sections 608,5	701 & 608.502 F.S. t	da, if prior to registration.) o determine penalty liability)	
17	0 North Avenue			
We	ston, MA 02493			
		(Sireet Address of	Principal Office)	
If time it ad 1 in	dility commonly is a man		ompany, check here	
II thurses m	totatly company is a mai	nager-manageu c	ompany, check here	
The name as	nd usual business addres	sses of the manag	ging members or managers are as fo	llows:
M1	chael A. Armstrong			
17	0 North Avenue			
We	ston, MA 02493			
jurisdiction und station of the ce	erthe law of which it is organ attificate under oath of the trans	ized. (A photocopy i stator must be submit	ysold, duly autheriticated by the official havi snot acceptable. If the certificate is in a fore ted.) promoted in Florida: <u>To deal tr</u>	ign language, a
real and	personal property	of every kind	and description.	
	Signature of a me	ember or an authorition 608,408(3), F.S.	orized representative of a member. the execution of this document constitutes that the facts stated herein are true.)	
		Armstrong, M		
		yped or printed n		

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	ALC: NEW T			
Pine Islan	墨豆豆			
2. The name an	d the Florida street addr	ess of the registered agent and office are:	SSEE, F	
	National Corporate Research, Ltd, Inc.			
	(Name)			
	~			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	32301 FL		
		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.

\$ 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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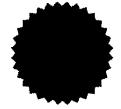
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINE ISLAND 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 SEPTEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINE ISLAND LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2005.

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





Varriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4144168

DATE: 09-09-05

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