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Florida Department of State

Division of Corporations Public Access System

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FOREIGN LIMITED LIABILITY COMPANY

BREOF AIP Oriando LLC

Certificate of Status	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		P Orlando L		_
	(Name of Fore	ign Limited Lial	bility Company)	_
Dela	ware	3	20-3461264	
urisdiction un	nder the law of which foreign lim	ited liability	(FEI number, if applicable)	
	tember 12, 2005	5.	perpetual	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	ı
		Qualificat:		
			da, if prior to registration.) o determine penalty liability)	_
181 Bay S	treet, Suite 300, Toron	nto, Ontario	o, Canada MSJ 2T3	3
				SEP
	(8	treet Address of	Principal Office)	2
If limited E	iability company is a manag	er-mana zed co	ompany, check here	7
	•	•		
The name	and usual business addresses	of the manag	ing members or managers are as follows:	6. f 3
	BREOF AIP LLC			9
-				_
	181 Bay Street, S	Suite 300		_
			iJ 2T3	- -
jurisdiction un	131 Bay Street, S Toxonto, Ontario, noriginal certificate of existence, no	Canada M5 more than 90 day	ys old, duly authenticated by the official having custody of a is not acceptable. If the certificate is in a foreign language, a	
jurisdiction un nstation of the	181 Bay Street, S Toxonto, Ontario, noriginal certificate of existence, no nder the law of which it is organized	Canada Ms more than 90 day d. (A photocopy i or must be submit	ys old, duly authenticated by the official having custody of n is not acceptable. If the certificate is in a foreign language, a tiod.)	
jurisdiction un nstation of the	181 Bay Street, S Toxonto, Ontario, noriginal certificate of existence, no nder the law of which it is organized certificate under each of the translate	Canada Ms morethan 90 day i. (A photocopy is tormust be submit conducted or p	ys old, duly authenticated by the official having custody of n is not acceptable. If the certificate is in a foreign language, a tiod.)	
jurisdiction un estation of the	Toxonto, Ontario, noriginal certificate of existence, no nder the law of which it is organized certificate under cash of the translate business or purposes to be of	Canada Ms morethan 90 day i. (A photocopy is tormust be submit conducted or p	ys old, duly authenticated by the official having custody of n is not acceptable. If the certificate is in a foreign language, a tiod.)	
ejurisdiction un restation of the	Toxonto, Ontario, noriginal certificate of existence, no nder the law of which it is organized certificate under cash of the translate business or purposes to be of Own Real Pro-	Canada Ms morethan 90 dz d (A photocopy i ormust be submit conducted or p operty ber or an auth n 608.408(3), F.S.	ys old, duly authenticated by the official having custody of n is not acceptable. If the certificate is in a foreign language, a tiod.)	

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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.

	BREOF AIP Orlando LLC	
2. The name a	and the Florida street address of the registered agent and office are:	
	CT Corporation System	
	(Name)	
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plancation FL 33324	
	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.

Ey:	Corporation S	m Ha	James M. Halpin Assistant Secretary
	(\$	ignature)	•

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

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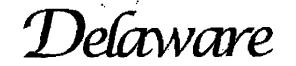
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CT CORPORATION SYSTM

PAGE 04/04

312 263 0124

P.Ø8



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY *BREOF AIP ORLANDO 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 FOURTEENTH 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 "BRBOF AIP" ORLANDO LLC" WAS FORMED ON THE TWELFTH DAY OF SEPTEMBER, A.D. 2005.

4028672 8300

050754693

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4156291

DATE: 09-14-05