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**COVER LETTER** 2005 NOV 14 P 3: 27 TO: Registration Section Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (516) 316-4263 (Area Code & Daytime Telephone Number) **MAILING ADDRESS:** STREET ADDRESS: Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\sum \frac{1}{2}\$130.00 Filing Fee & \$\sum \frac{1}{2}\$155.00 Filing Fee & \$\sum \frac{1}{2}\$160.00 Filing Fee, Certificate Certificate of Status \$\sum \text{Certified Copy}\$ of Status & Certified Copy

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2.5.3 July 14 15 3: 5.1
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: TALLAHASSEE, FLORIDA
1. RA Hanagement Services LLC (Name of Foreign Limited Liability Company)
2. New York Shape  (Jurisdiction under the law of which foreign limited liability company is organized)  3. SA-1639316  (FEI number, if applicable)
4. SOS (Date of Organization)  5. Occion (Diration! Year limited liability company will cease to exist or "perpetual")
6. November 2005 (articionte) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. Port o Call Harina
550 Port O call Wall, Naoles, PL (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:
Anthony M. Grimaldi, Resident; Theresa Grimaldi, VP
P.O. Box 322
Southampton, Ny 11969-0322
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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 cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Charles bast
Services.
Theresa Marmaldi.
Signature of a member or 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 facts stated herein are true.)
Theresa Caimaldi
Typed or printed name of signee

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#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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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 Lia	ibility Company is:
RA Manage	ment Services LLC
2. The name and the Florida str	reet address of the registered agent and office are:
- Pat-	0-Call Marina LLC (Name)
550 Flor	rida Street Address (P.O. Box NOT ACCEPTABLE)
Na	City/State/Zip
liability company at the place de, agent and agree to act in this cap relating to the proper and comple	d agent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as registered pacity. I further agree to comply with the provisions of all statutes ete performance of my duties, and I am familiar with and accept the istered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application Designation of Registered Agent \$ 25.00

\$ 30.00 **Certified Copy (optional)** Certificate of Status (optional) \$ 5.00

## State of New York Department of State } ss:

I hereby certify, that 59-61 CORAM SWEZEYTOWN LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/25/2003, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment 59-61 CORAM SWEZEYTOWN LLC, changing its name to RA MANAGEMENT SERVICES LLC, was filed 02/26/2004.

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of November two thousand and five.

Secretary of State

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