

11/17/2005 14:19 FAX 813-222-8701

Division of Corporations

WARD ROVELL, P.A.

FILED 11/17/2005

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : WARD ROVELL, PROFESSIONAL ASSOCIATION
Account Number : 076245002115
Phone : (813) 222-8700
Fax Number : (813) 222-8701

FOREIGN LIMITED LIABILITY COMPANY

Menkure Pyramid, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$160.00 |

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2005 NOV 17 A 10:02
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA.

1. MENKURE PYRAMID, LLC

(Name of Foreign Limited Liability Company)

2. DELAWARE(Jurisdiction under the law of which foreign limited liability
company is organized)

3. _____

(FBI number, if applicable)

4. NOVEMBER 16, 2005

(Date of Organization)

5. PERPETUAL(Duration: Year limited liability company will cease to
exist or "perpetual")6. N/A(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)7. 222 DEY ROADCRANBURY, NEW JERSEY 08512

(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:

HARVEY W. GLEEKSMAN, 222 DEY ROAD, CRANBURY, NJ 08512

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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE HOLDINGS

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.)BRUCE D. BURDGE

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

MENKURE PYRAMID, LLC

2. The name and the Florida street address of the registered agent and office are:

BRUCE D. BURDGE

(Name)

2908 BAY TO BAY BOULEVARD, SUITE 200

Florida Street Address (P.O. Box NOT ACCEPTABLE)

TAMPA,

FL 33629

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.


(Signature)

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

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Delaware

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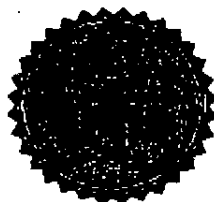
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "MENKURE PYRAMID, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2005, AT 2:13 O'CLOCK P.M.

4062538 8100

050934574



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4303193

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DATE: 11-17-05