### Florida Department of State

Division of Corporations
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CHELLEY OF STATE

TO:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : PROSKAUER ROSE LLP Account Number : 074673001063

Account Number: 074673001063 Phone: (561)995-4704 Fax Number: (561)241-7145

RPORAII

OREIGN LIMITED LIABILITY COMPANY

COVE NECK PROPERTIES, LLC

Certificate of Status	0
Certified Copy	đ
Page Count	04
Estimated Charge	\$125:50

\$ 155:00

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IN COMPLIANCE WILL LIMITED LIABILITY CO	H SECTION 608.103, PLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A F MPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA:	POREIGN
1. COVE NECK	PROPERTIES, LLC	
	(Name of Foreign Limited Liability Company)	—
2. DELAWARE (Durisdiction under the company is organized)	is law of which foreign limited liability 3. (FEI number, if applicable)	
4. 9/22/05 (Date	of Organization)  5. Perpetual  (Direction: Year limited liability company will cease to exist or "perpetual")	_
6. upon qualific	ation	SECULO TALL AND
7. <u>25 Melville P</u>	(Date first transacted business in Florida, if prior to registration.) (See scotions 608,501 & 608,502 F.S. to determine penalty liability)  ark Road, Suite 210	29
Meiville, NY	1 1747 (Street Address of Princips) Office)	AM 10: 06 OF STATE FLORIDA
8. If limited liabilit	y company is a manager-managed company, check here	<b>验</b> 66:
9. The name and us	sual business addresses of the managing members or managers are as follows:	
The Estate of	Harold P. Bernstein, 25 Melville Park Road, Sulte 210	_
Melville, NY	11747	~
he jurisdiction under the	al certificate of existence, no mose than 90 days old, thily authenticated by the official having custody of sea law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a te under oath of the translator must be submitted.)	- contsia
11. Nature of busin	ess or purposes to be conducted or promoted in Florida:	-
commercial re	eal estate	_P
	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 porjury that the facts stated herein are true.)	
	Gene Bernstein, President	•
-	Typed or printed name of signor	

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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.

1. The name of the Limited Liability Company is:	
Cove Neck Properties, LLC	
2. The name and the Florida street address of the registered agent and office are:	95 NOV 29 SECHENSTI PALL PHASSES
Corporate Creations Network, Inc. (Name)	
11380 Prosperity Farms Road, #221E  Florida Street Address (F.O. Box NOTACCEPTABLE)	AM 10: 06 OF STATE FLORIDA

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.

City/State/Zip

(Signature)

Palm Beach Gardens

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

# Delaware -

#### The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CHRISTY "COVE NECK PROPERTIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2005.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "COVE MECK PROPERTIES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2005.

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

4034528 8300 050960745



Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4321963

DATE: 11-28-05