M06000001199

| (Requestor's Name) | |
|---|---|
| (Address) | |
| | |
| (Address) | |
| (City/State/Zip/Phone #) | — |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| Office Use Only | |



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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06 FEB 28 MJ 9: 16

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| 200 Via Linda Associates | , CCC |
|---|--|
| | |
| | Art of Inc. File |
| | Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name |
| Signature Requested by: | Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File |
| Name Date 9!00 Walk-In Will Pick Up | UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Courier |

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

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

| (Name of Fore | ign Limited Liability Company) |
|--|---|
| State of New Jersey | 3 |
| Jurisdiction under the law of which foreign limitompany is organized) | ited liability (FEI number, if applicable) |
| 12/7/2005 | 5. Perpetual |
| (Date of Organization) | (Duration: Year limited liability company will bease to exist or "perpetual") |
| N/A | |
| (Date first transacted to (See sections 608.501 & | business in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability) |
| 49 Route 202 | RATE TO THE PARTY OF THE PARTY |
| Far Hills, NJ 07931 | 7 |
| | treet Address of Principal Office) |
| If limited liability company is a manage | cr-managed company, check here |
| | |
| The name and usual business addresses | of the managing members or managers are as follows: |
| Ralph N. Del Deo | |
| 49 Route 202 | |
| Far Hills, NJ 07931 | |
| | more than 60 days ald drive submitted by the official having gretarity affice |
| Attached is an original certificate of existence, no e jurisdiction under the law of which it is organized anslation of the certificate under oath of the translate | I. (Aphotocopy is not acceptable. If the certificate is in a foreign language, a |
| e jurisdiction under the law of which it is organized austation of the certificate under oath of the translate | I. (A photocopy is not acceptable. If the certificate is in a foreign language, a or must be submitted.) |
| e jurisdiction under the law of which it is organized austation of the certificate under oath of the translate | I. (Aphotocopy is not acceptable. If the certificate is in a foreign language, a |
| e jurisdiction under the law of which it is organized anslation of the cartificate under oath of the translate. I. Nature of business or purposes to be a Signature of a mem (In accordance with section) | I. (Aphotocopy is not acceptable. If the certificate is in a foreign language, a or must be submitted.) |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

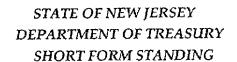
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| | f the Limited Liability Company is: | |
|-----------------|---|--|
| 200 Via Lind | da Associates, LLC | |
| 2. The name and | nd the Florida street address of the registered agent and office are: | |
| | Raiph N. Dei Deo | |
| | (Name) | |
| | 265 Fairview Road | |
| | Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| | Palm Beach FL 33480 | |
| | City/Stute/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)



200 VIA LINDA ASSOCIATES, LLC 0600254710

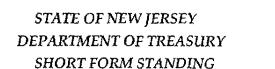
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 7, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Stephen R Sciaretta 49 Rt 202 Far Hills, NJ 07931

Continued on next page . . .



200 VIA LINDA ASSOCIATES, LLC



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of February, 2006

Bradley Abelow

Bradley I. Abelow

Acting State Treasurer