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(Address)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

DATE: 03-10-06

NAME: DIV DOUBLE PEA, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST: $125 + $5= $130

RETURN: GOOD STANDING

ACCOUNT: **FCA0000000015**

AUTHORIZATION: ABBIE/PAUL HODGE

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

FILED
2006 MAR 10 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DIV Double Pea, LLC
(Name of foreign limited liability company)

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

3. _____
(FEI number, if applicable)

4. March 3, 2006
(Date of Organization)

5. 2018
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)

7. c/o The Davis Companies

One Appleton Street, Boston, MA 02116
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here X

9. The name and usual business addresses of the managing members or managers are as follows:

Double Pea Manager Corp.

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:

Any and all lawful business.

DOUBLE PEA MANAGER CORP.
By: _____
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.)

Paul R. Marcus, President
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.

1. The name and the Limited Liability Company is:

DIV Double Pea, LLC

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

Registered Agent Solutions, Inc.
(Name)

1333 N. Duval Street
Florida street address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32303
(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, F.S.

(Signature)

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

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

March 3, 2006

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

DIV DOUBLE PEA, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **March 3, 2006.**

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **DOUBLE PEA MANAGER CORP.**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **DOUBLE PEA MANAGER CORP.**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **DOUBLE PEA MANAGER CORP.**

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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