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SECRETARY OF STATE
TALLAHASSEE, FLORIDA (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW [MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status Special Instructions to Filing Officer: ALT 4

Office Use Only



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2006 MAR 23 P 4: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Suite 1010 6109 Blue circle Drive Minnetonka MN 55343

Memo:

To: Registration Section, Division of Corporations

Florida Department of State

From: Joleen Talsness

Date: 3/22/2006

Re: Registration as a foreign limited liability company

Enclosed are the following forms:

Application by foreign LLC for authorization to do business in Florida Certificate of designation of registered agent/registered office with original signature

Certificate of good standing for State of Minnesota Check for \$160.00 for fees

Please call our office at 952-933-7102.

Thank you.

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SECRETARY DE 2700	RgA FOREIGI
LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: SECRE TARY OF STATE TALLAHASSEE, FLORID (Name of Foreign Limited Liability Company)	A
1 200770	
2. MINNESOTA (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. JUNE 4, 2004 (Date of Organization) 5. POCTUAL (Duration: Year limited liability company will ce exist or "perpetual")	ase to
6. NOT YET DOING BUSINESS	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 6109 BLUE CIRCLE DRIVE SUITE 1010	
MINNETONKA MN 55343 (Street Address of Principal Office)	<u></u>
(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:	
THOMAS MAHONEY, PRESIDENT	
	
A - Da	
10109 BLUG CIRCLE DRIVE # 1010	
10.09 BLUG CIRCLE DRIVE # 1010 MINNETCHKA MN 55343 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language.)	
10.09 BLUE CIRCLE DRIVE. # 10.10 MINNETONKA MN 55343 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custor the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languary translation of the certificate under oath of the translator must be submitted.)	
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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custor the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languary 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: GERERAL CONTRACTOR - Commercial Building 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	

1. The name of the Limited Liability Company is:

Amy Purdy, Assistant Secretary

MAHONEY MANAGEMENT

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2005 MAR 23 P 4: 18 CERTIFICATE OF DESIGNATION OF STATE REGISTERED AGENT/REGISTERED OF ALLAHASSEE, 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.

MAHOREY MANAGEMENT, LLC	
2. The name and the Florida street address of the registered agent and office are:	
NAAI Services, Inc. (Name)	
Plorida Street Address (P.O. Box NOT ACCEPTABLE)	
WESTON FL 33331 City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated limite liability company at the place designated in this certificate, I hereby accept the appointment as regagent 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 to obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. NAT Services. Inc. 84: Amy Product 3/21/De (Signature)	zistered s

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



SECRETARY OF STATE

Certificate of Good Standing

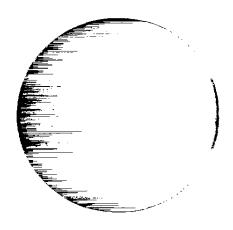
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Mahoney Management, LLC

Date Formed or Registered: June 4, 2004

State of Organization: Minnesota

This certificate has been issued on February 15, 2006.



Mary Hiffmeyer Secretary of State.