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Loop West, LLC

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CT CORP

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

IN COMPLANCE WITH SECTION 608.503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Loop West, LLC (Name of foreign limited liability company) (O ~475 3034 (FEI number, if applicable) Delaware (Jurisdiction under the law of which foreign limited liability company is organized) April 24, 2006 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) 6. Upon filing (Date first transacted business in Florida, (See sections 608.501, 608.502, and 817.155, F.S.) 7. c/o The Wilder Companies, Ltd., 800 Boylston Street, Suite 1300, Boston, MA 02199 (Street address of principal office) 8. If limited liability company is a manager-managed company, theck here 9. The name and usual business addresses of the managing members or managers are as follows: JTAD Loop West LLC, c/o The Wilder Companies, Ltd., 800 Boylston Street, Suite 1300, Boston, MA. 02199 (Thomas V. Wilder is the managing member of ITAD Loop West LLC) 10. Attached is an original certificate of substance, 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 fireign 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: To sequire, own, develop,

construct, rehabilitate, senovata, improve, maintain, manage, operate, issue, montgage, sell, finance or otherwise deal with real property.

Signature of a member or an authorized representative of a member. In accordance with section 602.402(3), F.S., the muculian of this document constitutes as affirmation under the penalties of perjuty that the facts stated benefit are true.)

Typed or printed name of signee

ROBBERTY C. Dodok, Esq. , Authorized Represo

FLORY - MITARS C T Spoten Online

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.

the Limited Lisbili	ty Company is:				
	· · · · · · · · · · · · · · · · · · ·	******			
nd the Florida street	address of the registere	d agent and office	are:		
	CT Corporation System	1			
·····	(Name)		<u></u>		
	1200 South Pine Island	Road			
Florida	street address (P.O. Box N	II acceptable)			
Plantation,	FL	33324		0	
	(City/State/Zip)	· · · · · · · · · · · · · · · · · · ·		ASECCI T	7
y at the place design and agree to act in t to the proper and co ations of my position of Cosposition Syste (Significal) SPEC	ated in this certificate, it is capacity. I further of mplete performance of as registered agent as a supplemental to the control of the cont	(hereby accept the agree to comply wi my duties, and I an	appointment as th the provisions n familiar with a	of all the E	
	Florida street Florida	CT Corporation System (Name) 1200 South Pine Island Florida street address (P.O. Box No. Plantation, (City/Stant/Zip) med as registered agent and to accept service of the place designated in this certificate, and agree to act in this capacity. I further to the proper and complete performance of atlants of my position as registered agent as in the corporation system. (Signature) Special As Section Section.	CT Corporation System (Name) 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) Plantation, PL 33324 (Chy/Stan/Lip) med as registered agent and to accept service of process for the y at the place designated in this certificate, I hereby accept the and agree to act in this capacity. I further agree to comply wit to the proper and complete performance of my duties, and I amilions of my position as registered agent as provided for in Chemistry (Signature) SPECIAL AS SETANT SECRETARY	CT Corporation System (Name) 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) Florida street address (P.O. Box NOT	CT Corporation System (Name) 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) Plantation, (Chy/Stanw/Ep) The place designated and to accept service of process for the above stated limited Poy at the place designated in this certificate, I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of all to the proper and complete performance of my duties, and I am familiar with and attons of my position as registered agent as provided for in Chapter 608, P.S. Of Corporation System SPECIAL AS SETANT SECORTARY

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)

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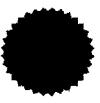
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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBEY CERTIFY "LOOP MEST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO WAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE IMENTY-FOURTH DAY OF APRIL, A.D. 2006.

AND I DO MERKBY FURTHER CERTIFY THAT THE ABNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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Warriet Smite Hindan

AUTHENTICATION: 4691543

DATE: 04-24-06