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: C T CORPORATION SYSTEM Account Name

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Empirian Lexford MM 3 LLC

Certificate of Status	1
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J. BRYAN SEP 2.5 2006

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APPLICATION BY BOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA
THURSACT DOSTSON IN ATOMINY
IN COMPLIANCE WITH SECTION SOUSE, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECEIVER A FORESCE.
IMPEDITABLITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
EMPIRIAN LEXPORD MM 3 LLC
(Name of Foreign Limited Liability Company)
2 DELANAKE 3.
(Jurisdiction under the law of which foreign limited liability (Fill number, if applicable)
company is organizad)
4 SEPTEM BER. 15, 2006 5. TEKPETUAL
(Date of Organization) (Duration: Year limited lightlity commany will coase to
exist or "perpenul")
4
(Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty Hability)
7 25 PHILIPS PARKWAY, MONTVALE, NJ 07695
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
8. If immed hannly company is a manager-managen company, energ near each [] 9. The name and usual business addresses of the managing members or managers are as follows:
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9. The name and usual business addresses of the managing members or managers are as follows: EZEA BEYMAN 2.5 PHILIPS PARKWAY (A) OFFICIAL OFFICIAL OFFICIAL OFFICIAL Under oath of the managers are as follows: (B) Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having sustedy of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate in a foreign language, a translation of the certificate under eath of the translator must be submitted.) 1. Nature of business or purposes to be conducted or promoted in Florida:
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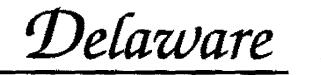
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

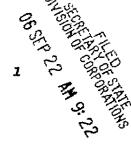
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	: Limited Liability	Compan	y is:	
EMPIRIAN	LEXFORD	MM 3	LLC	
2. The name and the	ne Florida street a	ddress of	the registered agent and office	are:
		стс	aporation System (Name)	
	Plorida St		uth Pine Island Road s (P.O. Box NOT ACCEPTABLE)	
_			on, Florida 33324	
	•		City/State/Zip	
liability company at agent and agree to a relating to the prope obligations of my po	the place designa act in this capacity or and complete pe	ted in this I further trformance d agent as	cocept service of process for the certificate, I hereby accept the cagree to comply with the provice of my duties, and I am familian provided for in Chapter 608, FineE BRYAN SECRETARY	appointment as registered sions of all statutes r with and accept the

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

PLUST - 9/09/01 CY System Collect





The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EMPIRIAN LEXFORD MM 3 LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2006.

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

4220412 8300 060874661



AUTHENTICATION: 5060973

DATE: 09-22-06

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