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SECRETARY OF STATE DIVISION OF CORPORATION

DEPARTMENT OF STATE

2001 FEB 16 PH 1: 1

10 ACCHIONLEDGE



			,
N SERVICE COMPANY.			
	ACCOUNT NO.	: 0721000000	32
	REFERENCE		4325417
	AUTHORIZATION	. Spelliele	rea .
	COST LIMIT	: \$ 125.00	
ORDER DATE : F	ebruary 15, 200	7	
ORDER TIME : 1	1:53 AM		
ORDER NO. : 7	61651-005		
CUSTOMER NO:	4325417		
	FOREIGN F	ILINGS	
NAME:	WMN, LLC		
XXXX QUALIFICA	FION (TYPE: <u>Ll</u>	<u>.</u>)	
PLEASE RETURN TI	HE FOLLOWING AS	PROOF OF FILI	NG:
XX PLAIN S	TAMPED COPY		
CONTACT PERSON:	Heather Chapma	an EXT# 2908	3

EXAMINER:

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 REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

WMN, LLC			
(Name of Foreign Limite	ed Li	ability Company)	
Delaware	3	20-8412515	
(Jurisdiction under the law of which foreign limited liabilit company is organized)	iy .	(FEI number, if applicable)	
02/09/07	5.	Perpetual	
(Date of Organization)	•	(Duration: Year limited liability company will cea exist or "perpetual")	se to
(Date first transacted business in (See sections 608.501 & 608.502 F	Flor	ida, if prior to registration.)	
360 Avenue P		, , , , , , , , , , , , , , , , ,	07
Newark, NJ 07105-4802			FEB
(Street Addre	ess of	Principal Office)	6
If limited liability company is a manager-manage	ed c	ompany, check here 🗸	PH
The name and usual business addresses of the ma	anag	ging members or managers are as follows:	1: 39
John J. Galiher			
360 Avenue P			
Newark, NJ 07105-4802			
Attached is an original certificate of existence, no more than 9 jurisdiction under the law of which it is organized. (A photoc instantion of the certificate under oath of the translator must be sure.) Nature of business or purposes to be conducted.	xopy i ubmit	s not acceptable. If the certificate is in a foreign languag ted.)	of recor
	7	7	 '
	==	5	
), F S	orized representative of a member. the execution of this document constitutes that the facts stated herein are true)	
Typed or print	ed n	ame 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.

WMN, LLC			
. The name	e and the Florida street addre	ess of the registered agent and office are:	
	Corporation Service Compa	any	
		(Name)	
	1201 Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301	
		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, Florida Statutes.

Corporation Service Company

By: Hally Lawrence As Its agent

(Signature)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WMN, 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WMN, LLC" WAS FORMED ON THE NINTH DAY OF FEBRUARY, A.D. 2007.

EN SOCIAL SOCIAL

Harriet Smith Windson Secretary of State

AUTHENTICATION: 5437081

DATE: 02-15-07

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