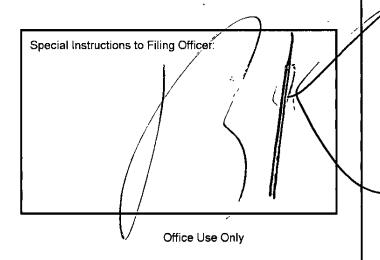
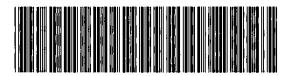
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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	DP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status





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DETARTICAT OF STAFE DETARTIONS OF TALLAHASSEE, FLORIDA

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O7 JUL 11 AH 8: 27
SECRETARY OF STATE

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301 OT JUL 1 AN 8:27

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 07-11-07

NAME:

TIC PARK CENTRE 26, LLC

TYPE OF FILING: APLICATION TO TRANSACT BUSINESS

COST:

\$160

CK Attached

RETURN:

CERTIFIED COPY & GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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:

1.	TIC Park Centre 26, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- '	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written unsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	July 3, 2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1601 Belvedere Road #200F
7.	1601 Belvedere Road, #200E
	West Palm Beach, Florida 33406 (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: Sondra L. Hull
	425 Floral Avenue
	Ithaca, NY 14850
the trai	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Real Estate
	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.)

Antónia É. Lopes, Authorized Person

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 of the Limited Liability Company is:	
TIC Park Centre 26, LLC	
If name unavailable, the alternate name to be used in the state of F	ilorida is:
2. The name and the Florida street address of the registered agent	and office are:
Michael Cabot	
(Name)	
1601 Belvedere Road, #2	200E
Florida Street Address (P.O. Box NOT ACCE	PTABLE)
West Palm Beach FL 3340	6
City/State/Zip	
Having been named as registered agent and to accept service of problems in the place designated in this certificate, I hereby agent and agree to act in this capacity. I further agree to comply with relating to the proper and complete performance of my duties, and I obligations of my position as registered agent as provided for in Charles (Signature)	accept the appointment as registered th the provisions of all statutes am familiar 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)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIC PARK CENTRE 26, 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 FIFTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIC PARK CENTRE 26, LLC" WAS FORMED ON THE THIRD DAY OF JULY, A.D. 2007.

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

4383243 8300 070780978



arriet Smith Window

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5817183

DATE: 07-05-07