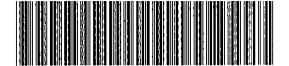
# M07000004582

·
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700106142567

RECEIVED

07 AUG - 1 AM 8: 47



ACCOUNT NO. : 072100000032
REFERENCE : 035024 7407728
AUTHORIZATION : THE REPORT OF THE PARTY OF T
COST LIMIT : \$ 130.00
ORDER DATE : July 31, 2007
ORDER TIME: 4:16 PM
ORDER NO. : 035021-005
CUSTOMER NO: 7407728
FOREIGN FILINGS
NAME: GPO UCC LLC
XXXX QUALIFICATION (TYPE: <u>LL</u> )
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kathy Drake EXT# 2959

EXAMINER:

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIST LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. GPO UCC LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wi consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") <sub>2</sub> Delaware (Jurisdiction under the law of which foreign limited liability (FE) number, if applicable) 4. July 30, 2007 Perpetual (Date of Organization) (Diration: Year limited liability company will cease to exist or "perpetual") 6. Upon Qualification (Date first transacted business in Plorida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2 Center Plaza, Suite 410, Boston, Massachusetts 02108 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here \( \sqrt{1} \) 9. The name and usual business addresses of the managing members or managers are as follows: Gary R. Schwandt, Joseph A. Versaggi, Randolph L. Kazazlan, III, William J. DiFrancesco and Daniel C. Mackowiak each with the usual business address of 2 Center Plaza, Suite 410, Boston, Massachusetts 02108 10. Attached is an original certificate of existence, 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 foreign 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: \_\_\_ Investment management

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 perjuty that the facts stated herein are true)

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.

pany is:
be used in the state of Florida is:
of the registered agent and office are:
e Company (Name)
dress (P.O. Box NOT ACCEPTABLE)
<sub>FL</sub> 32301
- t

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.

Sarah K. Drake 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)

PAGE 1

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GPO UCC 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 THIRTY-FIRST DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GPO UCC LLC" WAS FORMED ON THE THIRTIETH DAY OF JULY, A.D. 2007.

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

4397965 8300

070874187

Varnet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5889901

DATE: 07-31-07