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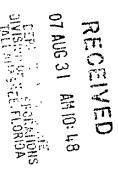
(Requestor's Name)
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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 OFFICE USE ONEY

WALK-IN

ENTITY NAME:

1. PP MAINSAIL MANAGER, LLC

CK# 2754

AMOUNT \$160.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

XXX CERTIFICATE OF STATUS

COVER LETTER

TO: Registration Section Division of Corporations

ALLAHASSEE, FLORIDA

SUBJECT: PP Mainsail Manager, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this	matter to the following:
	·
0	Name of Person)
(I	Firm/Company)
	(Address)
(City/	State and Zip Code)
For further information concerning this matter, p	please call:
	at ()
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee} \text{Certificate}	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PP Mainsail Manager, LLC (Name of Foreign Limited Liability Company; must inclu	
(Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")	se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability
_{2.} Georgia 3	
2. (Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. August 27, 2007 5	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual") orida, if prior to registration.) to determine penalty liability) of Principal Office)
6. (Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.)
•	to determine penalty liability)
7. 5605 Glenridge Drive, Suite 775	7 2 1
Atlanta, GA 30342	
(Street Address	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Marc S. Pollack	
5605 Glenridge Drive, Suite 775	
Atlanta, GA 30342	***************************************
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subn	nitted.)
11. Nature of business or purposes to be conducted or	promoted in Florida: Ieal estate
investment	<u> </u>
(//	
Signature of a member or an au	thorized representative of a member.
(In accordance with section 608.408(3), F. an affirmation under the penalties of perju	S., the execution of this document constitutes
Marc S. Pollack,	
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:
PP Mainsail Manager, LLC
If name unavailable, the alternate name to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
NRAI Services, Inc.
2731 Executive Park Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Weston, FL 33331 FL 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.

MFerdinand (Signature)

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

Control No. 07072678

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

PP MAINSAIL MANAGER, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 08/27/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of August, 2007

Karen C Handel Secretary of State

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Certification Number: 1612305-1 Reference: 21666-7 Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp

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