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## Fulchino Family LLC

ORIDA/FOREIGN LIMITED LIABILITY CO.

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8/31/2007

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#### **FULCHINO FAMILY LLC**

#### CONSENT TO USE OF NAME

August 30\_, 2007

Harriet Smith Windsor Department of State Division of Corporations PO Box 898 Dover, DE 19903

Dear Harriet Smith Windsor:

The undersigned, being the sole Member of Fulchino Family LLC, a Delaware limited liability company, hereby grants consent on behalf of said limited liability company to the use of the name "Fulchino Family L.P." by Fulchino Family L.P. a Delaware limited partnership.

. Sincerely,

FULCHING FAMILY LLC

Thomas P. Fulchino, Member

262256\_1

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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608301, FLOREDA SEATUTE LIMITED LIABILITY COMPANY TO TRANSACT HUSBIESS IN THE S	S, THE FOLLOWING E SCIENTITED TO REGISTER A FORESCIV STATE OF FLORIDA:	
Fulchino Family LLC		
(Name of Foreign Limited Utability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")	
(if name unavailable, enter alternate name adopted for the purpose consent of the suspects or managing members adopting the attention to the company," "LL.C.," "LLC.")	e of transacting business in Florida and attach a copy of the written aste name. The alternate name must include "Limited Lightlity	
2 Delaware 3.		
2. Delaware  (Jurisdiction under the law of which foreign limited Hability company is organized)  3.	(FEI number, if applicable)	
∡ August59 2007 €	perpetual	
(Date of Organization)	(Duration: Year limited liability company will coase to exist or "perpetual")	
6.		
(Date first transacted business in Flor (See sections 608,501 & 608,502 F.S. 1	o esterajne beorgh japijuh) 198* il buot to testeration")	
7. 2643 Sheltingham Drive, Wellington, F	Florida 33414	
(Street Address or	f Principal Office)	
8. If limited liability company is a manager-managed of	sampany, check here	
9. The name and usual business addresses of the mana	ging members or managers are as follows:	
Thomas P. Fulchino, 2643 Sheltingha	· · · · · · · · · · · · · · · · · ·	
	and the same of th	
<u> </u>		
10. Attached is an original confidente of constance, no more than 90 de	ner old duly authoritiested by the official bendes existed yelloweds 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 path of the translator tract to submi	ited)	
11. Nature of business or purposes to be conducted or p	promoted in Florids:	
To serve as general partner of a limited	d partnerehip	
-12 17-7	7/	
Signature of a member or an auti	norized representative of a member.	
(in accordance with section 60%.40k(3), P.S., the ensualise of this document constitutes an affirmation duder the paralities of paginy that the firsts stained herein are true.)		
Thomas P. Fulchino	à mix inu mare mingo sclen suf aper)	
Typed or printed a	name of signee	

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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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	name of the Limited Liability Company is:	07 NUG 31
If name	unavailable, the alternate name to be used in the state of Florida is:	异 83
2. The	name and the Florida street address of the registered agent and office are:	
	Paul E. Fulchino	
٠	(Name)	ا من المناسبة
	2643 Sheldingham Drive	
	Ployida Street Address (P.O. Box NOT ACCEPTABLE)	1 to the state
	Wellington FL 33414	Julian Branch
	City/State/Zip	

laving 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.

Paul Edel

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

08/31/2007 16:13 8502227515

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FULCHINO FAMILY 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 AUGUST, A.D. 2007.

070974667



AUTHENTICATION: 5968672

DATE: 08-31-07