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ORIDA/FOREIGN LIMITED LIABILITY CO.

LAZ/LA I, LLC

Certificate of Status	1
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11/9/2007

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

IN COMPLIANCE WITH SECTION 602.08, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORESON LIMITED LIMITATIC COMPANY TO TRANSACT BUSINESS IN THE STATE OF KLORIDA:

sing may a like in a like in the managery or managing members adopting the party," "Like", " "Like")	urpose of transming business in Florida and attach a cop- alternate came. The alternate name must include "Limite	d Liebilit		
	26-0830775	A.		
urisdiction under the law of which threign limited liabili impany is organized)	(PER number, if applicable)	AH		
\$ <i>/29/2</i> 007	g perpetual .	75		
(Dule of Organization)	(Duration: Year limited liability company will or solist or "perpenual")	12. (2) OR 0486		
ya '				
(Date first transacted business in (See sections 608.501 & 608.502	n Florida, if prior to registration.) F.S. to determine penalty liability)	, טג		
S Lawis Street, History, CT 06103				
	nest of Principal Office)			
f limited liability company is a manager-manage. The name and usual business addresses of the m				
	nanaging members or managers are as follows:			
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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 PLORIDA.

If name unavailable, the	: alternate name to b	e used in the state	of Florida is:		
The name and the Florida street address of the registered agent and office are: CTCorporation System			2007 NOV - SECRETAF TALLAHAS	빠가입	
			AS A	######################################	
(Name)		338 74 9	Parameter 1		
1200 South Pine Island Road			سواد الماسب معالات الماسب	theres	
Plorida Street Address (P.O. Box NOT ACCEPTABLE)			용적 양	N Negario	
	Plantation	FL	33324	52 10)	
City/8tate/Zip			•		
liability company at the p agent and agree to act in relating to the proper and obligations of my position	lace designated in this capacity. I fiert this capacity. I fiert I complete performa	his certificate, I her har agree to compl nos of my duties, a	process for the above states reby accept the appointment by with the provisions of all s and I am familiar with and a Chapter 608, Florida Statu	az registered tatutes ocspt the	

FLAX) - 96/28/2007 C T Syrappy Online

\$ 100.00 Filing Fee for Application

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

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The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HERRBY CERTIFY "LAE/LA I, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTE DAY OF NOVEMBER, A.D. 2007.

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

2001 NOV -9 AM 8: 52

4414586 8300 071204085



Daniel Smith Hindan

AUTHENTICATION: 6144356

DATE: 11-08-07

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