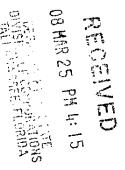
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B. KOHR MAR 2 6 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT \$ 155.00

ORDER DATE: March 25, 2008

ORDER TIME : 3:07 PM

ORDER NO. : 500483-005

CUSTOMER NO: 7233649

FOREIGN FILINGS

NAME: SILARI LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER:

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:

	Silari LLC		
١.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")		
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C.," "LLC.")		
2.	Delaware 3. 36-4628494		
1	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4.	February 26, 2008 (Date of Organization) 5. Perpetual (Duration: Year limited liability company wiffcension)		
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")		
6.	No business has been transacted in Florida as of the date hereof.		
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7.	Silari LLC c/o Canali Usa Inc.		
	712 Fifth Ave, 30th Floor, New York, NY 10019		
	(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:		
	Giorgio Canali c/o Canali Usa Inc.		
	712 Fifth Ave, 30th Floor, New York, NY 10019		
the	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 islation of the certificate under outh of the translator must be submitted.)		
11	Nature of business or purposes to be conducted or promoted in Florida: Investment in		
	real property.		
	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.)		
	Grejony St. John Authorized Representative		
	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 Liabi	lity Company is:
Silari LLC	
If name unavailable, the alternate	name to be used in the state of Florida is:
2. The name and the Florida stree	t address of the registered agent and office are:
Corporation Se	ervice Company
	(Name)
1201 Hays Stre	eet
Florida	Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee	FL 32301
	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.

Corporation Service Company
BY: Joyce L. Markley
as its agent

\$ 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 "SILARI 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SILARI LLC"
WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2008.

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

4509965 8300

080352674

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6474398

DATE: 03-25-08

You may verify this certificate online at corp.delaware.gov/authver.shtml