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(((H08000098304 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

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: C T CORPORATION SYSTEM COST IS CONTINUED IN CONTINUED I

FLORIDA/FOREIGN LIMITED LIABILITY CO

BlackRock Investment Management, LLC

Certificate of Status	0
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APR 1 8 2008

EXAMINER

4/16/2008



April 17, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: BLACKROCK INVESTMENT MANAGEMENT, LLC

REF: W08000019449

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2,188.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H08000098304 Letter Number: 708A00022991

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:

BlackRock Investm	ient Management, LLC	•				
(Name of Forci	gn Limited Liability Company; n	must include "L	imited Liability Con	opany," "L.L.C.," o	r "LLC.")	
name unavailable, emsent of the manager empany," "L.L.C.,"	inter alternate name adopted for its or managing members adopting the or managing members adopting the control of the control	ig the alternate r	iame. The alternate	name must include '	Limited Liability	ritten
Delaware		3	20 - 53 (FEI nur	19476		
Jurisdiction under the company is organize	he law of which foreign limited l					
09-28-1999		*	PERDE	tual	0	<u> </u>
(Date	of Organization)	6)	Duration: Year fimite	d liability company	will cease to	1SECT
	9/29/200	a C	, , , , , , , , , , , , , , , , , , ,		PR	至行
	(Date first transacted busin (See sections 608.501 & 608	ess in Florida, i	f prior to registratio	n.)		
40 East 52nd Street	t, New York, NY 10022	1.D. W 1.D.	with heren's Hoos	uity <i>)</i>	7	AM Ti 20
		, , , , , , , , , , , , , , , , , , , ,	, viii)RPORTS 23
	(5	Address of Prin	oral (Man)			23
	(press.	THE PROPERTY OF FILE	mpar Office)			
Tridont	sual business addresses of t	<i>800 <</i>		_		USBO
<u> </u>	USA, 08536	2		•		
jurisdiction under the station of the certific	nal certificate of existence, no more e law of which it is organized. (A j ate under cath of the translator may	photocopy is not as be submitted)	tacceptable. If the ce	rtificate is in a foreig	n language, a	dein
Nature of busin	ness or purposes to be cond	ucted or pron	noted in Florida;	10 PRO	ride	
hvestrand	1 myenest & A	e e lated s	SERVICES			
	YXIII	$\overline{}$				
	Signature of a member of	or an authoriz	zed representativ	e of a member.		
	(In accordance with section 608 an affirmation under the penaltic	3.408(3), F.S., the	execution of this doca	ment constitutes		
		Lisa- My	Allya DiRECTO.	e & Auton	f Secreta	e y
	Typed or	r printed nam	of signee		. 0	7

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.

1. The name of the Lin	nited Liability Company	ris:	•	
BlackRock Investment Man	agement, LLC			
If name unavailable, th	e alternate name to be us	sed in the state o	f Florida is:	
2. The name and the F	lorida street address of the	he registered age	ent and office are:	1.80 SIAIC
	APR			
(Name)				- HA
	A DRPO			
Florida Street Address (P.O. Box NOT ACCEPTABLE)				T RA
	Plantation	FL	33324	ATIONS 1: 20
· · · · · · · · · · · · · · · · · · ·		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.

C T Corporation System

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

DACW :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BLACKROCK INVESTMENT MANAGEMENT, 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 FIFTEENTH DAY OF APRIL, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

DIVISION OF CORPORATIONS

08 APR 16 AM 7: 28

3103810 8300

080432548

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

Daniel Smile Hindre

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6526005

DATE: 04-15-08