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| (Re | questor's Name) | | | | |
|---|-------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Ad | dress) | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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MAY 1 4 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 570151

AUTHORIZATION

COST LIMIT

ORDER DATE: May 14, 2008

ORDER TIME : 12:07 PM

ORDER NO. : 570151-005

CUSTOMER NO: 162285A

FOREIGN FILINGS

NAME: SWEETWELL LAND LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman -- EXT# 2908

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: 1. Sweetwell Land LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. DE (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 5. perpetual 4 5/12/08 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. upon qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 711 Westchester Avenue, White Plains, NY 10604 (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: E. Robert Roskind, 711 Westchester Avenue, White Plains, NY 10604 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: ownership of real estate Signature of a member or an authorized representative of a member.

Typed or printed name of signee

Rebecca Cross, authorized representative

(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)

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 | of the Limited Liability | y Com | pany is: | |
|---|---|--------------------------------|--|---|
| Sweetwell L | and LLC | | | |
| If name unavai | ilable, the alternate na | me to | be used in the state of Florida is: | |
| 2. The name a | nd the Florida street a | ddress | of the registered agent and office are: | |
| | Corporation Serv | ice C | ompany | |
| | | | (Name) | - |
| | 1201 Hays Street | | • | |
| ; | Florida Str | reet Add | dress (P.O. Box <u>NOT</u> ACCEPTABLE) | • |
| | Tallahassee | | FL 32301 | |
| | | _ | City/State/Zip | |
| liability compan agent and agree relating to the pi obligations of m | y at the place designat to act in this capacity. roper and complete per | ted in th I furth rforma | to accept service of process for the above stables certificate, I hereby accept the appointment her agree to comply with the provisions of ance of my duties, and I am familiar with and as provided for in Chapter 608, Florida Stables | ent as registerea all statutes d accept the |
| | | 00.00 | Filing Fee for Application | |
| | | 25.00 30.00 | Designation of Registered Agent Certified Copy (optional) | |
| • | \$ | 5.00 | Certificate of Status (optional) | |

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWEETWELL LAND 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 FOURTEENTH DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWEETWELL LAND LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2008.

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

4546092 8300

080543826

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6589794

DATE: 05-14-08