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ORIDA/FOREIGN LIMITED LIABILITY C

Nona Real Estate, LLC

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M. Thomas MAY 2 1 2008

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5/20/2008

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

	Nona Real Estate, LLC (Name of Fareign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	· -	
coi Co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab impany," "L.L.C.," "LLC.")	written	
2.	Delaware 3.		
((Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	_	
4.	May 2, 2008 Perpetual 5.		
•	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_	
6.	Upon Filing		
υ.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	_	
7.	800 Main Street, PMB 154	-	
	Holden, MA 01520		
	(Street Address of Principal Office)	_	
8.	If limited liability company is a manager-managed company, check here \(\sum_{\overline{\chi}} \)	60	
9.	The name and usual business addresses of the managing members or managers are as follows:] [] [] [] [] [] [] [] [] [] [
	Annika Sorenstam, 800 Main Street, PMB 154, Holden, MA 01520	23	F
		7	C
	ORIGINATE OF THE PROPERTY OF T	8: 5 -	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re- jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under eath of the translator must be submitted.)	cords in	
11	. Nature of business or purposes to be conducted or promoted in Florida: Real Estate Holding Company	-	
	Juil W	_ *	
	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.)	•	
	Annika Sorenstam		
	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.

If name unavailable	a the ale			
	e, the alternate name to be	used in the state	of Florida is:	
2. The name and th	e Florida street address of	f the registered a	gent and office are:	
	СТС	Corporation System		
		(Name)		
	1200 Sc	outh Pine Island Ros	ad	
	Florida Street Addre	ess (P.O. Box NOT	ACCEPTABLE)	
	Plantation	BI.	33324	ES:
		City/State/Zip		SECRETARY
	las registered agent and to	i accept service o	f process for the above stated	7111444 A COM
1. (1)	t the along declarated in the	ic certificate. I he	renv accept the appointment	us register on 3
liability company at	t the place designated in the	is certificale. I ne lar caree to comp	reby accept the appointment No with the provisions of all st	14 10 100 1 7
liability company at agent and agree to	t the place designated in the act in this capacity. I furth	is certificale, I ne ser agree to comp ace of my duties s	reby accept the appointment ly with the provisions of all st and I am familiar with and ac	ceptahe
liability company at agent and agree to relating to the prop obligations of my p	t the place designated in thi act in this capacity. I furth er and complete performan osition as registered agent	is certificate, I he ser agree to comp ace of my duties, a as provided for h	reby accept the appoinment ly with the provisions of all st and I am familiar with and ac n Chapter 608, Florida Statut	ceptahe
liability company at agent and agree to relating to the prop obligations of my p C	t the place designated in the act in this capacity. I furth	is certificate, I he ser agree to comp ace of my duties, as provided for i	reby accept the appointment ly with the provisions of all st and I am familiar with and ac	ceptahe
liability company at agent and agree to relating to the prop obligations of my p	t the place designated in this act in this capacity. I furth er and complete performant osition as registered agent T Corporation System	is certificate, I he ser agree to comp ace of my duties, as provided for i	reby accept the appoinment ly with the provisions of all st and I am familiar with and ac n Chapter 608, Florida Statu	ceptahe
liability company at agent and agree to relating to the prop obligations of my po C	t the place designated in thi act in this capacity. I furth er and complete performan osition as registered agent	is certificate, I he ser agree to comp ace of my duties, as provided for i	reby accept the appoinment ly with the provisions of all st and I am familiar with and ac n Chapter 608, Florida Statu	ceptahe
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liability company at agent and agree to relating to the prop obligations of my po C	t the place designated in this act in this capacity. I furth er and complete performant ostion as registered agent T Corporation System (Signature)	is certificate, I he ter agree to comp the of my duties, i as provided for it filing Fee for	Application of Registered Agent	ceptahe

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NONA REAL ESTATE, LLC" IS DOLY 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 NINETEENTH DAY OF MAY, A.D. 2008.

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

4542304 8300

080568993

You may verify this cortificate online at corp. delaware. gov/authour. shtml

Variet Smile Windson

Harriot Smith Windsor, Secretary of State

AUTHENTICATION: 6601388

DATE: 05-19-08