Division of Corporations Public Access System

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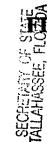
Account Name : DAVID J. WIENER, P.A.

Account Number : 120040000023

Phone : (561)989-2911 Fax Number : (561)994-5808

MAY 29 2008

EXAMINER



DRIDA/FOREIGN LIMITED LIABILITY CO.

MS Woolbright Del Mar Subsidiary LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

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To:18506176383

Page: 2/5

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COVER LETTER

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|---|--|--|--|--|
| TO: Registration Section Division of Corporations | | | | |
| SURJECT: MS Woolbright Del Mar S | Subsidiary LLC ed Liability Company) | | | |
| (111114-01-221111) | a zaomy company | | | |
| | lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited | | | |
| Please return all correspondence concerning this mat | iter to the following: | | | |
| Joanne Sarkisian | | | | |
| (Nam | e of Person) | | | |
| David J. Wiener, P.A. | | | | |
| (Firm | /Company) | | | |
| 3200 North Military Trail, Suite 201 | | | | |
| (Address) | | | | |
| Boca Raton, FL 33431 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, pleas | e call; | | | |
| Joanne Sarkisian | at (561) 989-2911 | | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | | |
| MAILING ADDRESS: | STREET ADDRESS: \(\times_{\circ} \approx \equiv | | | |
| | Division of Corporations | | | |
| • | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Corporations | | | |
| | 2661 Executive Center Circle | | | |

Tallahassec, FL 32301

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Of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | <i>™ANYTOTRANSACTBUSINESS INTHE S</i> ight Del Mar Subsidia | | |
|---|---|---|-----------------------------|
| (Numc of Foreign | Limited Liability Company; must include | is "Limited Liability Company," "L.L.C.," or | "LLC.") |
| | or managing members adopting the alteri | e of transacting business in Florida and attachate name. The alternate name must include | |
| 2. Delaware (Jurisdiction under the company is organized) | luw of which foreign limited liability | (FEI number, if applicable) | |
| 4. April 13, 20 | 108 5. | (Duration: Year limited liability company exist or "perpetual") | will cease to |
| 6. May 29, 20 | (Date first transacted business in Floi (See sections 608.501 & 608.502 F.S. | rida, if prior to registration.) to determine penalty liability) | ······ |
| 7. 3200 North | Military Trail, 4th Flo | or | |
| Boca Rator | n, FL 33431 | f Principal Office) | |
| 8. If limited liability | company is a manager-managed | | |
| 9. The name and usu | ual business addresses of the mana | ging members or managers are as fol | lows: |
| MS Woolb | right Del Mar, L.L.C. | | |
| | | | |
| -171 | | | |
| the jurisdiction under the | | ays old, duly authenticated by the official having is not acceptable. If the certificate is in a foreignited.) | |
| 11. Nature of busine | ess or purposes to be conducted or | promoted in Florida: real estate | ownership |
| | 7994 | <u></u> | AHASSI |
| | | harized representative of a member. 5., the execution of this document constitutes ry that the facts stated herein are true.) | TARY OF STATE ASSEE, FLORID |
| , | Larry Birnic | name of virmen | D: 4-1 ORISO ORISO |

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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 FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Co | empany is: | |
|--|--|--|
| MS Woolbright Del Mar S | ubsidiary LLC | |
| If name unavailable, the alternate name t | to be used in the state of Florida is: | |
| 2. The name and the Florida street addre | ess of the registered agent and office are: | |
| David J. Wiene | | |
| | (Name) | |
| | itary Trail, Suite 201 | |
| Florida Street | Address (P.O. Box NOT ACCEPTABLE) | |
| Boca Raton | FI. 33431 City/State/Zip | |
| Having been named as registered agent at liability company at the place designated agent and agree to act in this capacity. It relating to the proper and complete performing to the proper and complete performing to the proper and complete performing the complete performance of my position as registered agent. | nd to accept service of process for the abo in this certificate, I hereby accept the appo further agree to comply with the provision rmance of my duties, and I am familiar wit | ointment as registered s of all statutes th and uccept the |
| (Signature) \$ 100, \$ 25. \$ 30, \$ 5. | .00 Designation of Registered Agent .00 Certified Copy (optional) .00 Certificate of Status (optional) | Z000 MAY 28 AM IO: 41 S SECRETARY OF STATE OF TALLAHASSEE. FLORID: 0 |
| | · HOX | 0001388973 |

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Delaware

PAGE :

The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MS WOOLBRIGHT DEL MAR SUBSIDIARY 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-SEVENTH DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MS WOOLBRIGHT DEL MAR SUBSIDIARY LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2008.

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

4541253 8300

080605927

You may verify this cortificate online at corp. dolaware. gov/authrog. chtml

2008 HAY 28 AH IO: LI SEURETARY OF STATE TALLAHASSEE, FLORIG

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6616305

DATE: 05-27-08