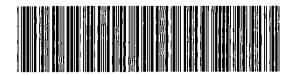
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то:	Registration Section Division of Corporations	
SUBJE	SOLSTICE III, LLC	
	Name of Limited Liability Company	
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florid	
Please	turn all correspondence concerning this matter to the following:	
	CHRISTA CLARK	
	Name of Person	
	RSM MCGLADREY, INC.	
	Firm/Company	
	850 CANAL STREET - 4TH FLOOR	
	Address	
	STAMFORD, CT 06902	
	City/State and Zip Code	
	CHRISTA.CLARK@RSMI.COM E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	
	CHRISTA CLARKat (203) 388-7018	
	Name of Person Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32301	
	d is a check for the following amount: \$\sigma \text{\$125.00 Filing Fee} \text{\$\sigma \text{\$130.00 Filing Fee & } \text{\$\sigma \text{\$155.00 Filing Fee & } \text{\$\sigma \text{\$160.00 Filing Fee, Certificate } \text{\$\center{Certificate of Status}} \text{\$\sigma \text{\$\center{Certified Copy}} \text{\$\sigma \text{\$\sigma \text{\$\center{Certified Copy}}} \text{\$\sigma \text{\$\center{Certified Copy}} \text{\$\sigma \text{\$\center{Certified Copy}}} \text{\$\sigma \text{\$\center{Certified Copy}} \text{\$\sigma \text{\$\center{Certified Copy}}} \text{\$\sigma \text{\$\cent{Certified Copy}}} \text{\$\sigma \text{\$\center{Certified Copy}}	

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: SOLSTICE III, 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.") **NEW YORK** N/A (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) AUGUST 5, 1998 PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 850 CANAL STREET - 4TH FLOOR, STAMFORD, CT 06902 (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: MRS. MICHELLE DAHAN 1118 SAN YSIDRO DRICE **BEVERLY HILLS, CA 90210** 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: OPEN/QWN Á FLÒRIDA BANK ACCOUNT 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.)

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.

SOLSTICE III, LLC If unavailable, the alternate to be used in the state of Florida is:				
2. The name and the	he Florida street address of the registered agent and office are:			
	NRAI SERVICES, INC.	ALL SEC		
<u></u>	(Name)	ARE JA		
· 	2731 EXECUTIVE PARK DRIVE, SUITE 4	RY O		
,	Florida Street Address (P.O. Box NOT ACCEPTABLE)	AHII: 36 EFFLORIDE		
	WESTON, FL33331	36 RIDA		
	City/State/Zip			
	as registered agent and to accept service of process for the above the place designated in this certificate, I hereby accept the appo- act in this capacity. I further agree to comply with the provisions			

Christian Eubanks, Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that SOLSTICE III, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/05/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 28th day of May two thousand and nine.



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