MU9000002510

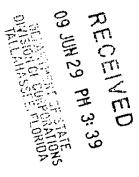
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



100157529581

06/30/09--01001--006 **155.00



B. KOHR

JUN 3 0 2009

EXAMINER



| CORPDIRECT AGI 515 EAST PARK AN TALLAHASSEE, FI 222-1173 | VENUE | ormerly CCRS) | |
|---|------------|--|--|
| FILING COVER ACCT. #FCA-14 | SHEET | | |
| CONTACT: | Kim Weide | enbach | |
| DATE: | 06/29/09 | | The state of the s |
| REF. #: | 000150.106 | 414 | · 100 % |
| CORP. NAME: | STILLMA | N MERRIMAC LLC | |
| () ARTICLES OF INC () ANNUAL REPORT (XX) FOREIGN QUALI | | () ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP | () ARTICLES OF DISSOLUTION () FICTITIOUS NAME () LIMITED LIABILITY |
| () REINSTATEMENT () CERTIFICATE OF () OTHER: | | () MERGER | () WITHDRAWAL |
| | | TTH CHECK# <u>530800</u> CCOUNT IF TO BE DEBITE | |
| | | COST LI | MIT: \$ |
| PLEASE RETU | RN: | | |

() CERTIFICATE OF GOOD STANDING

(XX) PLAIN STAMPED COPY

Examiner's Initials

(XX) CERTIFIED COPY

() CERTIFICATE OF STATUS

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 FOREI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | GN |
|--|----------|
| | |
| 1. Still Wan Mevnusc 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 writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability | ten |
| Company," "L.L.C," "LLC.") | |
| 2 De lamare 3 43-2073131 | - ` |
| 2. De lawave (Jurisdiction under the law of which foreign limited liability company is organized) 3. 43-2073 [3] (FEI number, if applicable) | |
| 4. 9/13/04 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will sease to exist or "perpetual") | 7 |
| | 14 |
| 6. NA (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | , ` و |
| 7. 505 Park Avenue 17th Hour | 3 |
| New York NY 10022 (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: | |
| · · · · · · · · · · · · · · · · · · · | |
| Roy Stillman, Managing Member 505 Park Avenue, 1745 Floor | |
| | |
| New York, NY 10022 | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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.) | in |
| 11. Nature of business or purposes to be conducted or promoted in Florida: | |
| Real Estate Transactional. | |
| Rock 5 1M. | |
| 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.) | |
| Roy Stillman / Manager | |
| 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.

| 1. The name of the Limited Liability Company is: |
|--|
| Stillman Merrimac LCC |
| If unavailable, the alternate to be used in the state of Florida is: |
| 2. The name and the Florida street address of the registered agent and office are: |
| Corporation Service Company |
| Florida Street Address (P.O. BOX NOT ACCEPTABLE) |
| Tallahassee FL 32301 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. Service Complete Law (Signature) |
| \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) |

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STILLMAN MERRIMAC 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-FIFTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STILLMAN MERRIMAC LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2004.

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

3853835 8300

090648464

AUTHENTY CATION: 7383799

DATE: 06-25-09

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