

ACCOUNT NO.

072100000032

REFERENCE :

350963

AUTHORIZATION

COST LIMIT :

\$ 140.00 C

ORDER DATE : May 1, 1997

ORDER TIME : 10:07 AM

CUSTOMER NO:

ORDER NO. : 350963-020

4304312

900002173039--6

CUSTOMER: Mr. Chris Elston Jenner & Block

One Ibm Plaza 330 Wabash

Chicago, IL 60611

FOREIGN FILINGS

NAME:

POWERLINE PROPERTIES LLC

XXXX_ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

UNISIGN OF CORPORATION 97 HAY -9 AM 10: 50

CONTACT PERSON: Stephanie Stscherban

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

and the property of the contract of the contra

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:

•		2 A14-3 R	
Delaware risdiction under the law of which fo npany is organized)	oreign limited liability	3. <u>Applied For</u> (FEI number, if applicable)	e)
5-/-97		ber 31, 2065	
(Date of Organization)	· ·	Year limited liability company will cer reetual")	ė
WED UPON QUE	ALIFICATION)		7 16
(Date first transacted business in I		501, 608.502, and 817.165, F.S.)	97 MAY -9 PM 2: 30
919 North Michigan Avenue,	Suite 1500		٩
Chicago, Illinois 60611			呈
	address of principal off	ice)	43
ist and indicate in title space p	rovided the name, t	itle, and business address of ea	S ch managin
nember (MGRM) or manager (M			ch managin
nember (MGRM) or manager (M attach additional page if necessary)	GR). It is not necess	sary to list members.	ch managin
nember (MGRM) or manager (M attach additional page if necessary) NAME AND ADDRESS:	GR). It is not neces:	sary to list members.	ch managin
nember (MGRM) or manager (Mattach additional page if necessary) NAME AND ADDRESS: Edward W. Ross	GR). It is not neces:	sary to list members.	ch managin
nember (MGRM) or manager (M httach additional page if necessary) NAME AND ADDRESS: Edward W. Ross 919 North Michigan Avenue	GR). It is not neces:	sary to list members.	ch managin
nember (MGRM) or manager (Mottach additional page if necessary) NAME AND ADDRESS: Edward W. Ross 919 North Michigan Avenue Suite 1500	GR). It is not neces:	sary to list members.	ch managin
nember (MGRM) or manager (Mattach additional page if necessary) NAME AND ADDRESS: Edward W. Ross 919 North Michigan Avenue Suite 1500	GR). It is not neces:	sary to list members.	ch managin
Edward W. Ross 919 North Michigan Avenue Suite 1500	GR). It is not neces:	sary to list members.	ch managin
nember (MGRM) or manager (Mattach additional page if necessary) NAME AND ADDRESS: Edward W. Ross 919 North Michigan Avenue Suite 1500	GR). It is not neces:	sary to list members.	ch managin

Filing Fee: \$ 52.50 for Application

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Tr	ne undersigned member or authorized representative of a member of Powerline
	Properties LLC, a Delaware limited deposes and says:
	liability company
1)	the above named limited liability company has attacked word members
2)	the total amount of cash contributed by the member(s) is \$
3)	if any, the agreed value of property other than cash contributed by member(s) is \$ A description of the property is attached and made a part hereto.
4)	the total amount of cash or property anticipated to be contributed by member(s) is \$ [45,450]. This total includes amounts from 2 and 3 above.
	Edward W. Ross, Manager
	Signature of a member or authorized representative of a member

constitutes an affirmation under the penalties of perjury that that facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

And the Salten of Anthony

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	. The name of the limited liability company is: <u>Powerline Properties LLC, a</u>	<u>Delaware</u>
	limited liability company	
2.	. The name and address of the registered agent and office is:	DINSECRETARY -9
	Corporation Service Company	2 1,70 C
	(Name)	OF STATION ORPORATION PM 2: 30
	1201 Hays Street	30
	(P.O. Box or Mail Drop Box NOT acceptable)	\$
	Talahassee, Florida 32301	
	(City/State/Zip)	
sta the to and	aving been named as registered agent and to accept service of process tated limited liability company at the place designated in this certificate, I have appointment as registered agent and agree to act in this capacity. I so comply with the provisions of all statutes relating to the proper and companies of my duties, and I am familiar with and accept the obligations of magistered agent.	ereby accept further agree plete perform-
<u> </u>	By: Carofa. Date + Asst. Sec. 5/4/97 (Signature) (Date)	

State of Delaware Office of the Secretary of State

PAGE 1

I, FDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POWERLINE PROPERTIES 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 SIXTH DAY OF MAY, A.D. 1997.

AND TO THE FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABLELTY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID FOWERLIN PROPERTIES LLC " WAS FORMED ON THE FIRST DAY OF MAY, A.D. 190

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

8451307

2746573 8300

971146183