

072100000032 ACCOUNT NO. :

566600 REFERENCE :

4300123

AUTHORIZATION :

COST LIMIT : \$ 285.00

ORDER DATE: October 15, 1997

ORDER TIME : 11:14 AM

ORDER NO. : 566600-010

600002324256--7

CUSTOMER NO: 4300123

CUSTOMER: Susan E. Todd, Legal Assistant

Battle Fowler Llp 75 East 55th Street

Concourse

New York, NY 10022

FOREIGN FILINGS

NAME: MINEOLA UPREIT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jon A Bowling

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

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

			obreviation Florida
Mineola U	1		
lame of foreign limited liability con " if not so contained in the name at	mpany must end with present. Please note	the words "limited company" or their ab : "L.L.C." is not an acceptable suffix in	breviation Florida.)
Delaware	3.		
Jurisdiction under the law of which ompany is organized)	foreign limited liabi	lity (FEI number, if applicab	le)
April 23, 1997		5perpetual	
(Date of Organiza	ation)	(Duration: Year limited liability c cease to exist or "perpetual")	ompany will
Upon Qualificat			
(Date first transacted	business in Florida.	(See sections 608.501, 608.502, and 81	7.155, F.S.)
120 West 45th St	treet		
New York, NY 10	0036 (Street address of	•	
New York, NY 10	OO36 (Street address of ddress of each mbility company in	anaging member[MGRM] or main Florida: (attach additional page	if necessary)
New York, NY 10 st name, title, and business a sanage the foreign limited lia NAME & ADDRESS:	OO36 (Street address of ddress of each mbility company in	anaging member[MGRM] or ma	nager[MGR]w if necessary) TTTLE:
New York, NY 10 st name, title, and business a sanage the foreign limited lia NAME & ADDRESS: Clifford Stein	OO36 (Street address of ddress of each mbility company in	anaging member[MGRM] or main Florida: (attach additional page	if necessary)
New York, NY 10 st name, title, and business a sanage the foreign limited lia NAME & ADDRESS: Clifford Stein Tower Equities	OO36 (Street address of ddress of each mbility company in	anaging member[MGRM] or main Florida: (attach additional page	if necessary)
New York, NY 10 st name, title, and business a sanage the foreign limited lia NAME & ADDRESS: Clifford Stein Tower Equities Hanagement, Inc.	OO36 (Street address of ddress of each mbility company in	anaging member[MGRM] or main Florida: (attach additional page	if necessary)
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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN

The undersigned member or authorized represer	ntative of a member of
Mineola UPREIT LLC	deposes and says:
1) the above named limited liability company has	at least two members
2) the total amount of cash contributed by the me	ember(s) is \$ <
3) if any, the agreed value of property other than \$ 343,000 . A description of the	cash contributed by member(s) is property is attached and made a part hereto. *
4) the total amount of cash or property anticipate \$ 343,000 . This total includes amount	ed to be contributed by member(s) is its from 2 and 3 above.
TOWER QRS No. 1	CORP., Managing Member
Signature of a member or auth (In accordance with section 608.408(3), F	orized representative of a member. Iorida Statutas, the execution of this affidavit

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

Robert Cox, Vice President

Partnership Interests in Maitland West Associates Limited Partnership and Maitland Associates, Ltd., Florida limited partnerships

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, 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	he limited liability company is:	Mineola UPREIT LLC	
			SE DIVIS 97
2. The name and	l address of the registered agent	and office is:	FILED FILED SION OF CORPI
	Corporation Service Co	ompany	3. 50 50 50 50 50 50 50 50 50 50 50 50 50
	(Name)		STATE ORATIO
	1201 Hays Street		STATE ORATIONS
	(P.O. Box not a	cceptable)	4 2
	Tallahassee, Florida	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.

Comporation Service Company

By: Vicki Schreiber arst. V.P

Datel

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MINEOLA UPREIT, 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 FIFTEENTH DAY OF OCTOBER, A.D. 1997.

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



Edward J. Freel. Secretary of State 8704120

AUTHENTICATION:

10-15-97

971348448

DATE:

2743928 8300