Document Number Only 00000007 Requestor's Name 660 East Jefferson Street Address Tallahassee, Florida 32301 400002389734--7 -01/05/98--01054--022 -****285.00 *****285.00 Phone State City CORPORATION(S) NAME 💵 Profit () Merger () Amendment () NonFrofit imited Liability Comp () Dissolution/Withdrawal () Other () Annual Report () Limited Fartnership () Change of R.A. () Reservation () Reinstatement () Limited Liability Pa () Fhoto Cocies Certified Copy After 4:30 () Call if Problem () Call When Ready Fick Up () Wiil Wait 🚯 Walk In () Mail Out Name RETURN ECTES Avaliability ILE STAME JAN 2-1998 Document Examiner Upcater enner Acknowleadment W.F. Verifier CR2E031 (1-89)

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:

1. W9/MLM Gen-Par, L.L. (Name of foreign limited liability company must en "L.C." if not so contained in the name at present.)	d with the words "limited company" or	their abbreviation
Delawase (Jurisdiction under the law of which foreign limited company is organized)		9
4. Nov. 6 1997 (Date of Organization) 5.	Dec . 31 , 2047 Juration: Year limited liability company or "perpetual")	will cease to exist
6. Date first transacted business in Florida. (See section)		ORFORATION DRFORATION 2:52
7. 100 Crescent Court, SulTi Damas Ty 752 (Street address of principal	0 (000) (1000) (1000) (1000) (1000) (1000)	20 050
List and indicate in title space provided the member [MGRM] or manager [MGR]. It is (attach additional page if necessary)	e name, title, and business addre not necessary to list members.	ess of each managing
8. List and indicate in title space provided the member [MGRM] or manager [MGR]. It is (attach additional page if necessary) NAME & ADDRESS: TITLE:	e name, title, and business addre not necessary to list members. NAME & ADDRESS:	ess of each managing TITLE:
member [MGRM] or manager [MGR]. It is (attach additional page if necessary) NAME & ADDRESS: TITLE:	NAME & ADDRESS:	
member [MGRM] or manager [MGR]. It is (attach additional page if necessary)	NAME & ADDRESS:	
member [MGRM] or manager [MGR]. It is (attach additional page if necessary) NAME & ADDRESS: TITLE:	NAME & ADDRESS:	
member [MGRM] or manager [MGR]. It is (attach additional page if necessary) NAME & ADDRESS: TITLE:	NAME & ADDRESS:	

Filing Fee: \$ 52.50 for Application

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative	of a member of W9/MLM 3
The undersigned member or authorized representative	deposes and says:
1) the above named limited liability company has at least	
2) the total amount of cash contributed by the member	(s) is \$ 44,000 .
3) if any, the agreed value of property other than cash \$ A description of the property	contributed by member(s) is
4) the total amount of cash or property anticipated to b \$ <u>18</u> ()	m 2 and 3 above.
Signature of a member or authorized represe (In accordance with section 608.408(3), Florida Statutes, to constitutes an affirmation under the penalties of perium that the	entative of a member. Ralph Rosenbary

Filing Fee: \$52.50 for Affidavit

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.
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1. The name of the limited liability company is: W9/MLM Gen-Pac, L.L.
The name of the immed matrice company is. 10 (7) in the immediate of the i
2. The name and address of the registered agent and office is:
C_T_CORPORATION_SYSTEM
(Name)
c/o C T CORPORATION, 1200 South Pine Island Road,
(P.O. Box not acceptable)
Plantation, Florida 33324
(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.

C T CORPORATION SYSTEM

(Signature)
Theresa Taylor, Hist Sec.

FILINGFEE: \$35 for Designation of Registered Agent

$State\ of\ Delaware$

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "W9/MLM GEN-PAR, L.L.C." 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 TWELFTH DAY OF JANUARY, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE





Edward J. Freel, Secretary of State

AUTHENTICATION:

8861023

DATE:

01-12-98

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