# 18000000042

ACCOUNT NO.

072100000032

REFERENCE

: 671392 4304950

AUTHORIZATION

COST LIMIT

ORDER DATE :

January 15, 1998

ORDER TIME :

1:11 PM

ORDER NO.

671392-010

CUSTOMER NO:

4304950

CUSTOMER:

Ms. Amy Bannes

Nutter, Mcclennen & Fish

One International Pl

Boston, MA 021102699

#### FOREIGN FILINGS

NAME:

MT GENERAL LLC

XXXX QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

### 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.

Name of foreign limited liability company must end C." if not so contained in the name at present. Please Delaware	3. <b>04-3403441</b>	is in Piorida.)
Jurisdiction under the law of which foreign limited leading ompany is organized)		cable)
12/16/97 (Date of Organization)	5. <u>perpetual</u> (Duration: Year limited liabili cease to exist or "perpetual")	ty company will
upon qualification		
(Date first transacted business in Flor 197 First Avenue	ida. (See sections 608.50 ] 608.502, and	1 8 17. 155, F.S.)
		<del></del>
Needham, MA 02194		
(Street addres	ss of principal office)	· <u>.                                    </u>
(Street address st name, tit &, and business address of each	th managing member   GRM   or	manager MGR ho
(Street address of each anage the foreign limited liability company NAME & ADDRESS: TITLE:	th managing member   GRM   or	manager MGR ho if necessary)
(Street address st name, tit &, and business address of each name the foreign limited liability company	ch managing member   GRM   or in F lor ida: (attach add it onal page NAME & ADDRESS:	if necessary)
(Street address st name, tit &, and business address of each namage the foreign limited liability company  NAME & ADDRESS:  W(	ch managing member   GRM   or in Florida: (attach additional page	if necessary)
(Street address st name, tit &, and business address of each namage the foreign limited liability company)  NAME & ADDRESS:  W(()  Meditrust Corporation Sole Member 197 First Avenue	ch managing member   GRM   or in Florida: (attach additional page	if necessary)
(Street address st name, tit &, and business address of each namage the foreign limited liability company)  NAME & ADDRESS:  W(()  Meditrust Corporation Sole Member 197 First Avenue	ch managing member   GRM   or in Florida: (attach additional page	if necessary)
(Street address st name, tit &, and business address of each anage the foreign limited liability company)  NAME & ADDRESS: TITLE:  W. Link  Meditrust Corporation Sole Member 197 First Avenue	ch managing member   GRM   or in Florida: (attach additional page	if necessary)

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of				
MT General LLC	deposes and says:			
1) the above named limited liability company has at least tw	o members*			
2) the total amount of cash contributed by the member(s) is	\$			
3) if any, the agreed value of property other than cash contr \$ A description of the property is	ibuted by member(s) is attached and made a part hereto.			
4) the total amount of cash or property anticipated to be con \$ This total includes amounts from 2 a	tributed by member(s) is and 3 above.			
Signature of a member or authorized repres (In accordance with section 608.408(3), Florida Statutes, constitutes an a'11 ation under the penalties o'iperjury that	entative of a member.			

\* MT General LLC is a single member limited liability company formed under the laws of the State of Delaware.

Filing Fee: \$ 52.50 for Affidavit

im

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE ON VISION 16 PH 2: 1

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 lin	nited liability company is:		,
MT General LLC	· · · · · · · · · · · · · · · · · · ·	- -	
2. The name and add	ress of the registered agent and office is:		
	Corporation Service Company	•	
	(Name)		
	1201 Hays Street	-	
	(P.O. Box <u>not</u> acceptable)	<del></del>	
	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.

January 16, 1998

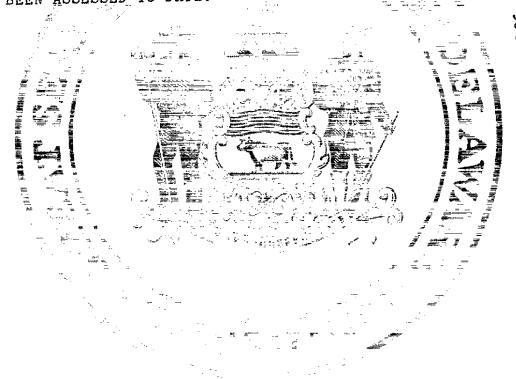
(Signaturé)

(Date)

#### State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MT GENERAL 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 JANUARY, A.D. 1998.

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



SECRETARY OF STATE OF STATE OF CORPORATIONS
98 JAN 16 PM 2: 12

Edward J. Freel, Secretary of State

AUTHENTICATION:

8868986

DATE:

01-15-98

2837379 8300

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