980000092

ACCOUNT NO. :

072100000032_

REFERENCE :

936085

4802694

AUTHORIZATION

COST LIMIT :

ORDER DATE : August 21, 1998

ORDER TIME : 11:18 AM

ORDER NO. : 936085-045

CUSTOMER NO: 4802694

CUSTOMER: Ms. Donna R. Durand Edwards & Angell

One Bankboston Plaza

100002623121-

Providence, RI 02903

FOREIGN FILINGS

NAME: WASSERMAN PROPERTIES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

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

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

Delaware	3.	applied for		
(Jurisdiction under the law of which forecompany is organized)	ign limited liabilit	y (FEI number, if	applicable)	
August 13, 1998	5	perpetual	** # *9*.	
(Date of Organization)	(Duration: Year limited cease to exist or "perpetus	al")	у wіц
August 26, 1998	·	·		<u></u>
(Date first transacted bus	iness in Florida. (S	See sections 608.501, 608.50	2, and 817.155	F.S.)
174 Wickenden Street				<u>.</u>
Providence, RI 02903				
(Street address of p	orincipal office)		
manage the foreign limited liability NAME & ADDRESS:	y company in F	lorida: (attach additiona NAME & ADDRE	I page if nece	ssary) TITLE:
manage the foreign limited liability NAME & ADDRESS:	y company in F	lorida: (attach additiona	I page if nece	ssary)
manage the foreign limited liability	y company in F	lorida: (attach additiona	I page if nece	ssary)
manage the foreign limited liability NAME & ADDRESS:	y company in F	lorida: (attach additiona	I page if nece	ssary)
manage the foreign limited liability NAME & ADDRESS: Wasserman Management Company	y company in F	lorida: (attach additiona	I page if nece	ssary)
NAME & ADDRESS: Wasserman Management Company 174 Wickenden Street	y company in F	lorida: (attach additiona	I page if nece	ssary)
NAME & ADDRESS: Wasserman Management Company 174 Wickenden Street	y company in F	lorida: (attach additiona	I page if nece	ssary)
NAME & ADDRESS: Wasserman Management Company 174 Wickenden Street	y company in F	lorida: (attach additiona	I page if nece	ssary)
NAME & ADDRESS: Wasserman Management Company 174 Wickenden Street	y company in F	lorida: (attach additiona	I page if nece	ssary)
nanage the foreign limited liability NAME & ADDRESS: Wasserman Management Company 174 Wickenden Street	y company in F	lorida: (attach additiona	I page if nece	ssary)
Wasserman Management Company 174 Wickenden Street	y company in F	lorida: (attach additiona	I page if nece	ssary)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a	member of
Wasserman Properties LLC	deposes and says:
one 1) the above named limited liability company has at least to	www members
2) the total amount of cash contributed by the member(s) is	s \$
3) if any, the agreed value of property other than cash con \$ A description of the property is	tributed by member(s) is attached and made a part hereto.
4) the total amount of cash or property anticipated to be co \$100.00 This total includes amounts from 2	ontributed by member(s) is and 3 above.

Signature of a member or authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Charles F. Rogers, Jr., Authorized Person

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, 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: Wasserman Properties LLC			
2. The name and addre	ess of the registered agent and	d office is:	
	Corporation Service Company		
	(Name)		
	1201 Hays Street		
	(P.O. Box not acceptable)	
	Tallahassee, FL 32301		
	(City/State/Zip)		
limited liability compan ment as registered age provisions of all statute	y at the place designated in the ent and agree to act in this cap	pt service of process for the above stated is certificate, I hereby accept the appoint-pacity. I further agree to comply with the omplete performance of my duties, and I sition as registered agent.	

State of Delaware

Office of the Secretary of State PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WASSERMAN 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 SEVENTEENTH DAY OF AUGUST, A.D. 1998.

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



Edward J. Freel, Secretary of State

AUTHENTICATION:

9256223

DATE:

08-17-98

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