M9800000 1193



ACCOUNT	NO.	 072100000032
17000117	T40.	 01210000000

REFERENCE :

989427 ducia

1 yeurs

AUTHORIZATION

COST LIMIT

\$ 337.50

ORDER DATE: October 8, 1998

ORDER TIME : 10:27 AM

ORDER NO. : 989427-005

CUSTOMER NO:

4656E

CUSTOMER: Ms. Nancy Kinsler

Greenberg Traurig Hoffman

Suite 2050

111 North Orange Avenue

Orlando, FL 32801

000002659060--

FOREIGN FILINGS

NAME:

DIVERSIFIED INVESTMENT

PARTNERS, LLC

XXXX QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

DIVISION OF CORPORATION

58 OCL -8 VM 11: 53

CEVEDIA

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

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

ame o	DIVERSIFIED IN f foreign limited liabi ined in the name at pr	lity company must			ed company"	or their abbreviation	"L.C." if i	P P
	STATE OF DELAV		<u>-1-2-2</u>	3. <u>52</u> -	2000227			-
ırisdic mpany	tion under the law of is organized)	which foreign limi	ted liability		(FEI nun	nber, if applicable)		
1	September 23,	1996		5. Per	petual	_· ·		
	(Date of Organ	ization)		(Duration exist or	on: Year limite "perpetual")	ed liability company	will cease	to
(October 7, 199	8						
	(Date first tran	nsacted business in	Florida. (See	sections 60	8.501, 608.50	2, and 817.155, F.S.)		
4	4340 East West	Highway, Su	ite 206		······································			
,		20814						
	Bethesda, MD	20014						
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st na	me, title, and busi anage the foreign NAME & ADI	iness address of limited liability	each manage company in	ging mem n Florida:	ber[MGRN (attach ad		ecessary)
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st na	me, title, and busi anage the foreign NAME & ADI Barry L. Ha	iness address of limited liability	each manage company in TITLE:	ging mem n Florida:	ber[MGRN (attach ad	ditional page if no	ecessary)
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8

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGH LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	DIVERSIFIE	<u>D</u>	3
INVESTMENTS PARTNERS, LLC	ertifies:		
1) the above named limited liability company has at least one member;			
2) the total amount of cash contributed by the member(s) is		\$ 223,000.00	<u>)</u> ;;;;;
 if any, the agreed value of property other than cash contributed by me. (A description of the property is attached and made a part hereto.) 	mber(s) is	\$	
4) the total amount of cash and property contributed and anticipated to be by member(s) is (This total includes amounts from 2 and 3 above.)	e contributed	\$ 223,000.00)
Signature of a member or an authorized representati (In accordance with section 608.408(3), Florida Statutes, the executi affidavit constitutes an affirmation under the penalties of perjury that stated herein are true.)	ion of this	er.	a t a
RADDY I HAACE			

Filing Fee: \$250.00 for Application and Affidavit

Typed or printed name of signee

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:
	DIVERSIFIED INVESTMENTS PARTNERS, LLC
2.	The name and the Florida street address of the registered agent and office are:
	CORPORATION SERVICE COMPANY (Name)
	1201 HAYS STREET
	Florida street address (P.O. Box NOT ACCEPTABLE)
	TALLAHASSEE FL 32301-2607 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.

(Signature)

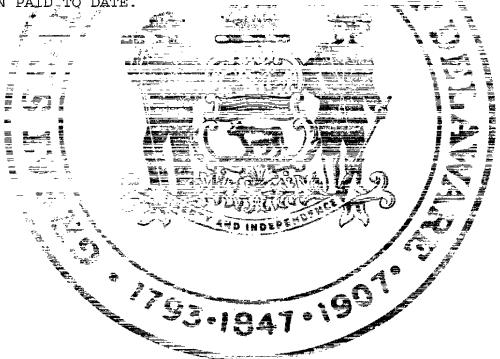
Filing Fee: \$ 35 for Designation of Registered Agent

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 "DIVERSIFIED INVESTMENTS PARTNERS, 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 SEVENTH DAY OF OCTOBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



2667538 8300 981388925



9343586

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: