# W68000001369

#### GROSSMAN AND FRIEDMAN

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JOEL M. FRIEDMAN

FACSIMILE (312) 616-1515

October 28, 1998

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

E: GREAVES TRAVEL L.L.C.

Dear Sir/Madam:

W. P. Verifyer

UUC

Enclosed are the following documents together with a check for \$285.00:

- Application for Authorization to Transact Business in Florida
- Certificate of Good Standing from the Illinois Secretary of State
- Affidavit of Membership and Contributions
- Certificate of Designation of Registered Agent

Please send the acknowledgment of registration to me.

If you have any questions about the documents, please contact me.

Name Marie Marie

Wd8000001343

### 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.	1. GREAVES TRAVEL L.L.C.  (Name of foreign limited liability company must end with the words "limited company"	Landaria de la
	(Name of foreign limited liability company must end with the words "limited company" so contained in the name at present.)	or their abbreviation "L.C." if not
2.	2. ILLINOIS  (Jurisdiction under the law of which foreign limited liability 3. (FEI nur	4948
	company is organized)	
4.	4. 6/30/97 5. 7/1/	2047 ed liability company will cease to
	(Date of Organization) (Duration: Year limit exist or "perpetual")	ed liability company will cease to
6.	6. Nov 1, 1998  (Date first transacted business in Florida. (See sections 608.501, 608.50)	
	(Date first transacted business in Florida. (See sections 608.501, 608.50)	2, and 317.155, F.\$分分 经常
7.	7. 311 S. WACKER DRIVE, SUITE	950
	CHICAGO 11- 1-01-06	2
	CHICAGO, (L 60606) (Street address of principal office)	
0	3. List name, title, and business address of each managing member[MGRM]	~ J ~ ~ ,
٥.	b. List hame, une, and business address of each managing member hydroxyr	Of Higher Collinions India
	will manage the foreign limited liability company in Florida: (attach addit	ional page if necessary)
	will manage the foreign limited liability company in Florida: (attach addit  NAME & ADDRESS: TITLE: NAME & ADI	ional page if necessary)
	will manage the foreign limited liability company in Florida: (attach addit	ional page if necessary)
	will manage the foreign limited liability company in Florida: (attach addit  NAME & ADDRESS: TITLE: NAME & ADI	ional page if necessary)
	will manage the foreign limited liability company in Florida: (attach addit  NAME & ADDRESS: TITLE: NAME & ADI  SHAHROOKH R CANBATA MGR	ional page if necessary)
	will manage the foreign limited liability company in Florida: (attach addit  NAME & ADDRESS: TITLE: NAME & ADI  SHAHROOKH R CAMBATA MGR  3U S. WACKER Suik 950	ional page if necessary)
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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 having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorize	ed represen	tative of a member of	GREAVE:	S TR	40EL
L. L. C.		certifies:			
1) the above named limited liability co	ompany ha	s at least one member;			
2) the total amount of cash contribute	d by the m	ember(s) is		\$	,000. ;
3) if any, the agreed value of property (A description of the property is att			nember(s) is	\$	;
and 4) the total amount of cash and proper by member(s) is (This total includes amounts from 2			be contributed	SECK-HART OF STAT	SEILED
(In accordance with se	ction 608.408 affirmation	authorized represent 8(3), Florida Statutes, the eunder the penalties of perju	xecution of this	aber.	30 _
Joel	м.	FRIEDMA	₩		
	Typed o	or printed name of sign	nee		

Filing Fee: \$250.00 for Application and Affidavit

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

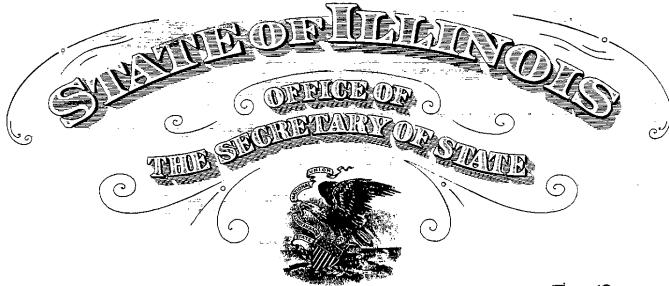
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:			
	GREAVES TRAVEL L.L.C.	<del></del>		
2.	The name and the Florida street address of the registered agent and office are:	Ts:	98	
	LAWRENCE H. ROGOVIN	ECIE!	NON	71
	. (Name)			
	Florida street address (P.O. Box NOT ACCEPTABLE)	GE STA	M Ö	Ö
			30	
	AVENTURA FL. 33180  City/State/Zip	_		
	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



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan, Secretary of State of the State of Illinois do hereby certify that

GREAVES TRAVEL L.L.C.,

GREAVES TRAVEL L.C.,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 30, 1997,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Mherrof, I hereto set					
		affixed the Great Seal of			
the State of S		20TH			
day of		A.D., 19 98			

George H Ryan SECRETARY OF STATE