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### 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:

2.Delaware	3	applied for	<u></u>	-
(Jurisdiction under the law of which company is organized)	n foreign limited l	liability (FEI number, if ap	plicabl <u>e)</u>	
1. March 4, 1999	5.	Perpetual	<del></del> - <del>-</del> -	_
(Date of Organization	)	(Duration: Year limited liability of cease to exist or "perpetual")	company will	8
March 4, 1999	•		SEC ALI	<u> </u>
(Date first transacted l	business in Florid	la. (See sections 608.501, 608.502	and 817.ESS.F.S.	<b>n</b> [
7. 197 First Avenüe, Needham	MB 02494		6 b	
. 197 Filst Avenue, Needham	, MA 02494			
	(Street add	ress of principal office)	<del> </del>	
	·	• •	크림 전	
List name title and business a	ddragg of each	managing member [MGPM] of	r managar [MCR] v	who
<ol> <li>List name, title, and business a will manage the foreign limited</li> </ol>	ddress of each i I liability comp	managing member [MGRM] or vany in Florida: (attach additio	r manager [MGR] v nal page if necessar	vho ry)
<ul><li>List name, title, and business at will manage the foreign limited NAME &amp; ADDRESS:</li></ul>	ddress of each if liability comp	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS:	r manager [MGR] v nal page if necessar	vho ry)
will manage the foreign limited	l liability comp	oany in Florida: (attach additio	nal page if necessar	vho ry)
will manage the foreign limited  NAME & ADDRESS:	I liability comp	oany in Florida: (attach additio	nal page if necessar	vho ry)
will manage the foreign limited  NAME & ADDRESS:  Abraham D. Gosman	I liability comp	oany in Florida: (attach additio	nal page if necessar	vho ry)
will manage the foreign limited  NAME & ADDRESS:  Abraham D. Gosman  197 First Avenue,	I liability comp	oany in Florida: (attach additio	nal page if necessar	vho ry)
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will manage the foreign limited  NAME & ADDRESS:  Abraham D. Gosman  197 First Avenue,	I liability comp	oany in Florida: (attach additio	nal page if necessar	vho ry)
NAME & ADDRESS:  Abraham D. Gosman  197 First Avenue,	I liability comp	oany in Florida: (attach additio	nal page if necessar	vho ry)

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 hotocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

(FL057 - 4/23/98)

# 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:	=	÷	
_	Chancellor of Bradenton, LLC	= - 		
2.	The name and the Florida street address of the registered agent and off	ice are:		
	C T CORPORATION SYSTEM	7. SE		5
	(Name)	CHETA	<u></u>	11 Kg -1
	1200 South Pine Island Road			
	Florida street address (P.O. Box NOT ACCEPTABLE)	797		
	Plantation FL 33324			
	(City/State/Zip)	= 5 5 5 5		
iiabi agen relat oblig	ing been named as registered agent and to accept service of process for the lity company at the place designated in this certificate, I hereby accept the at and agree to act in this capacity. I further agree to comply with the pro ting to the proper and complete performance of my duties, and I am familia gations of my position as registered agent.	e appointment as r	egistere <sub>Ites</sub>	?d
CT	CORPORATION SYSTEM			
	Comi Baya	- <u>-</u> 		_
	(Signature)	- 		_
	CONNIE BRYAN			-
	SPECIAL ASSISTANT SECRETARY			

Filing Fee: \$35 for Designation of Registered Agent

(FL057)

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned authorized representative Chancellor of Bradenton, LLC certifies:

1. The above-named limited liability company has at least two members;

G:ederrico/corporate/forms/fl/affidav

- 2. The total amount of cash contributed by the member(s) is; = \$100.00
- 3. No property other than cash has been contributed by the members \$0
- 4. The total amount of cash anticipated to be contributed by the members is not known at this time. This total includes the amounts from 2 and 3: \$100.00

Chancellor of Bradenton, LLC

Name: David B. Currie

Title: Vice President

### State of Delaware

PAGE 1

#### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

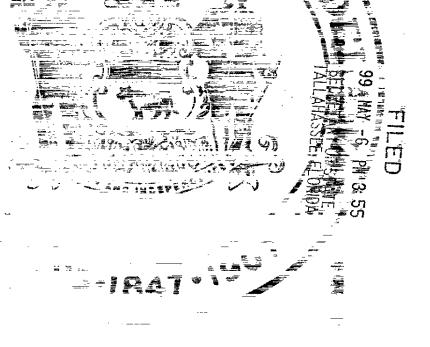
DELAWARE, DO HEREBY CERTIFY "CHANCELLOR OF WELLINGTON, LLC" IS

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 MARCH, A.D. 1999.

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



Edward J. Freel, Secretary of State

3012629 8300

- AUTHENTICATION:

9627344

991098973

DATE:

≣03-15-99