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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 6, 1999

C T CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301

SUBJECT: CHANCELLOR OF WELLINGTON, LLC

Ref. Number: W99000010687

We have received your document for CHANCELLOR OF WELLINGTON, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Connie, you failed to sign the registered agent's designation page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 099A00024904

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. Chancellor of Wellington				7.7
(Name of foreign limited liability company" or their abbreviations '	company must end 'L.L.C." or "L.C." if	with the words "limited liability contained in the name at pre-	ompany" or "limited esent.)	
2.Delaware		3. applied for		
(Jurisdiction under the law of whe company is organized)	ich foreign limited	liability (FEI number, if ap	oplicable)	
4. March 4, 1999	5	Perpetual	CHE	-71
(Date of Organizati	ion)	(Duration: Year limited liability cease to exist or "perpetual")	company will	,三
6. March 4, 1999 (Date first transacte	ed business in Flori	da. (See sections 608.501, 608.502	and 817.155. F-S.m. =	
7. 197 First Avenue, Needh			-: J. i. ·	 သ
	(Street add	dress of principal office)		
8. List name, title, and business		· ,	w managar [MCD]i	. .
will manage the foreign limit	ted liability comp	pany in Florida: (attach addition	onal page if necessary	10
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:	
Abraham D. Gosman	MGR		_ —	۱. ۱ محمد
197 First Avenue,			<u></u>	<u> </u>
Needham, MA				
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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 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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned authorized representative of Chancellor of Wellington, LLC:

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

Bv:

Name: David B. Currie

Title: Vice President

G:ederrico/corporate/forms/fl/affidav

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 Wellington, LLC	=
2.	The name and the Florida street address of the registered agent and office are:	:
	C T CORPORATION SYSTEM (Name) C T CORPORATION SYSTEM (Name)	3
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	1 2
	Plantation FL 33324 S	• -

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.

C T CORPORATION SYSTEM

(Signature)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Filing Fee: \$35 for Designation of Registered Agent

State of Delaware

PAGE

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHANCELLOR OF BRADENTON, 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 L-DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AUTHENTICATION:

9627303

DATE: 03-15-99

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