M900000 Document Number Only	858
Document Number 5)	
The second secon	
CT Corporation System	
Beguestor's Name 2	
660 East Jefferson Street Address 22201 (850)222-109	2
Tallahassee, FL 32301 (8507222 2	
City State	900028996396
CORPORATION(S) NAME	****285.00 ****285.00
The second secon	
The second secon	
LEVITZ CS WEST PAIN Reach	AN SECTION OF THE PROPERTY OF
	AA SE T
() Profit () Ame	endment () Merger 6
	olution/Withdrawal () Mark
Foreign	OLD UCC Filing
The state of the s	() Observe of D A
() Reinstatement () Hes	() Fic. Name
	oto Copies () CUS
	l if Problem () After 4:30
() Call When heady	Wait
簽Walk In ()Mail Out	
Name 6/9/199 Availability dc	Please Return Extra Copies
Document	File Stamped
Examiner dec	
Updater CCC	9 Jeffrey Butterfield
Verifier CCC	
Acknowledgment (1)	· · · · · · · · · · · · · · · · · · ·
W.P. Verifier Occ	20000858
CR2F031 (1-89)	eta graden en en en estador de la frago de la companya de la companya de la frago de la frago de la frago de l Estador de la frago de la f

5 pages

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.	Levitz CS Wes	st lalm i	Beach, L.	L.C.		
	(Name of foreign limited liability company" or their abbreviations "l	company must er L.L.C." or "L.C."	nd with the wor if not so contai	rds "limited liability con ined in the name at pres	mpany" or "limi ent.)	ited
2.	Delaware		3	36-429787	6	
_	(Jurisdiction under the law of whi company is organized)		d liability	(FEI number, if app	olicable)	
4	6/7/99		5. 12/31	148	IXI 38	99
	(Date of Organization	on)	(Duration:	Year limited liability c ist or "perpetual")	ompany wilk	
6	6/15/199					
U .,	(Date first transacted			ions 608.501, 608.502 a	ınd 817.155, F.S	S.) <u>F</u> [
7.	111 W. Jackson R	144, L.P.				Ÿ
					₹n1	0
	chicaga 1460604	(Street a	ddress of princip	pal office)		
8.	List name, title, and business will manage the foreign limite	address of each	n managing n npany in Flor	nember [MGRM] or ida: (attach addition	manager [Monal page if neo	GR] wh cessary
	NAME & ADDRESS:	TITLE:	NAME	& ADDRESS:	TITLE:	
	Levitz. CS, LLC	_	111 W	Lieff Leally LP 1. Sackson, 13TH 1. Cago, 11 6060	Floor MGR.	M
		-			_	
		_			_	
						
		-			-	
		-				
		-			-	
		-			<u>-</u>	

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

	e undersigned member or authorized representative of a member of					
_	Levitz CS West Palm Beach, L. C. certifies:					
	the above named limited liability company has at least one member;	FIL 99 JUN - SECRETAL TALLAHAS				
2)	the total amount of cash contributed by the member(s) is	LED;				
	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$ <u></u>				
4)	the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$				
	Acostula					
	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.)	er.				
	Alan R. Saposnik Typed or printed name of signee					
	Typed or printed name of signee					

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

I. 	The name of the Limited Liability Company is: Lentz CS West Palm Beach, L.L.C.	
2.	The name and the Florida street address of the registered agent and office are:	
	C T Corporation System	99 SE(
	(Name)	
	1200 South Pine Island Road	
	Florida street address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324	2: 2 TATE _ORID
	(City/State/Zip)	⊅''' 0

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

Filing Fee: \$35 for Designation of Registered Agent

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 "LEVITZ CS WEST PALM BEACH, L.L.C." 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 EIGHTH DAY OF JUNE, A.D. 1999.

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

FILED

99 JUN -9 PM 2: 20

SECREDATE OF STATE

Edward J. Freel, Secretary of State

3052652 8300

AUTHENTICATION:

9792209

991229784

DATE:

06-08-99