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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 12, 1999

CT CORPORATION SYSTEM

SUBJECT: CARLISLE GP, L.L.C. Ref. Number: W99000015933

We have received your document for CARLISLE GP, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

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) 487-6043.

Shawn Logan Document Specialist

Letter Number: 699A00035806

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. Carlisle GP, L.L.C.	<u> </u>	·		
(Name of foreign limited liability c company" or their abbreviations "L	ompany must end .L.C." or "L.C." if	with the words "limited liability co not so contained in the name at pre	ompany" or "limited sent.)	
Delaware	3	25-1838858		
(Jurisdiction under the law of whice company is organized)	ch foreign limited	liability (FEI number, if ap	plicable)	
4 Qune 10, 1999	5.	perpetual		
(Date of Organizatio		(Duration: Year limited liability company will cease to exist or "perpetual")		
6. upon qualification	husiness in Florid	da. (See sections 608.501, 608.502	and 817.155, F.S.)	
	Ousiness in Florid	uu. (500 5 <u>0</u> 0000 000 000 000 000 000 000 000 000	,	
7. 1165 Camp Hollow Road				
West Mifflin, PA 15122				
	(Street add	dress of principal office)		
8. List name, title, and business will manage the foreign limited	address of each ed liability comp	managing member [MGRM] o pany in Florida: (attach additio	r manager [MGR] who onal page if necessary)	
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:	
Anthony Crane Rental, L.P.	MGRM			
1165 Camp Hollow Road	_			
West Mifflin, PA 15122	- .		99 J	
			SSE T2	
	-			
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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 authorized representative of a member of Carlisle GP, L.L.C.	
centifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>1,500.00</u>
 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>0.00</u>
and 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.)	\$ 1,500.00
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.)	icr.
Daje Buckwalter	
Typed or printed name of signee	FILED 99 JUL 12 PM 4: 5 SECRETARY OF STATALLAHASSEE, FLORE
Filing Fee: \$250.00 for Application and Aff	Mayle w

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:
<u>C</u>	arlisle GP, L.L.C.
2.	The name and the Florida street address of the registered agent and office are:
	C T Corporation System
	(Name)
	1200 South Pine Island Road
	Florida street address (P.O. Box NOT ACCEPTABLE)
	Plantation FL 33324
	(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.

C T Corporation System

Francis P. Regan Assistant Secretary

(Signature)

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 "CARLISLE GP, 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 NINTH DAY OF JULY, 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

AUTHENTICATION:

9854846

991279994

3054594 8300

DATE:

07-09-99