'Document Number Only 20000 1131 CT Corporation System Requestor's Name 100002937681--0 -07/21/99--01059--026 *****61.25 *****61.25 660 East Jefferson Street Address 32301 (850)222-1092 100002937681--0 -07/21/99--01059--025 Tallahassee Phone State City ****285.00 ****285.00 CORPORATION(S) NAME LINKS COMP Floriclon RASTWOODE () Profit () Merger () Amendment () NonProfit () Dissolution/Withdrawal () Mark Foreign OX LLC () Other ucc Filing () Annual Report () Limited Partnership () Change of R.A. () Reservation () Reinstatement CUS () Photo Copies Cartified Copy () After 4:30 () Call if Problem () Call When Ready () Will Wait χ́၌ Walk in Mail Out Name Availability Please Return Extra Copies File Stamped To: Document Examiner Jeffrey Butterfield Updater Verifier Acknowledgment . ZG : W.P. Verifier

CR2E031 (1-89)

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:

(Name of foreign limited liability company must end with the words "limited liability company" or "limited company" or their abbreviations "LLC." or "LC." if not so contained in the name at present.) 2 Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4 July , 1999 5 December 31, 2048 (Duration: Year limited liability company will cease to exist or "perpetual") 6 Upon approval of Application (Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.) 7 245 Waukegan Road, Suite 204 Northfield, Illinois 60093 (Street address of principal office) 8 List name, title, and business address of each managing member [MGRM] or manager [MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary) NAME & ADDRESS: TITLE: NAME & ADDRESS: TITLE: LinksCorp, L.L.C. MGRM 245 Waukegan Road Suite 204 Northfield, IL 60093	1. LinksCorp Florida Eastwood, L.L.C			
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Suite 204 Northfield, IL 60093 Northfield, IL 60093	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
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Northfield, IL 60093 Northfield, IL 60093 FILE D FILE D	245 Waukegan Road	_		<u>.</u>
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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

	e undersigned member or authorized representative of a member of		
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>1,000</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.)	\$;
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.)	\$_1,000_	=
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	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	≓:: o	:
	stated herein are true.) Keith H. Bode, Vice President		
	Typed or printed name of signee	RY OF STA	

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:
<u>Li</u>	inksCorp Florida Eastwood, 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/Zin)

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

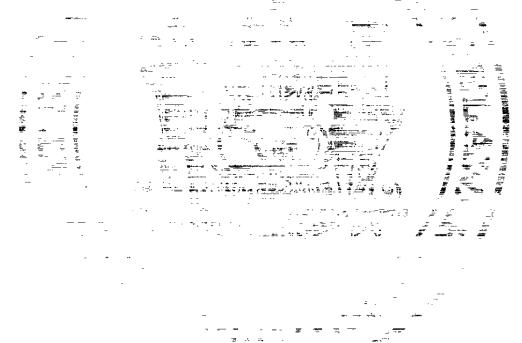
(Signature)

Filing Fee: \$35 for Designation of Registered Agent

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINKSCORP FLORIDA EASTWOOD, 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 TWENTIETH 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:

07-20-99

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