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Sunst	ate Research	99
	Address	No - 6 CONTRACTOR
City/State	/Zip Phone #	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NU	
2(Corp		Services LLC 99 Property Document #)  Document #)  Document #)
3	Doration Name) ( 0 5 Doration Name) (	Document #)  23  ATTE
Walk in Mail out	Pick up time Will wait Photocopy	Certified Copy (YUL)
NEW FILINGS	AMENDMENTS	
Profit	Amendment	### ### ##############################
NonProfit	Resignation of R.A., Officer/Di	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	PM 3: 53
Other	Merger	PM 3: 53
OTHER FILINGS  Annual Report	REGISTRATION/ QUALIFICATION  Foreign	0000029531506 -08/09/3901001002 *****390.00 *****390.00
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	$h_{1}$
	Trademark	
	Other	C/L

CR2E031(1/95)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	IANCE WITH SECTION 608.503 IABILITY COMPANY TO TRANS			
Tnt	terCoastal Property Se	aririces TJC		ુ છુ
Name o	f foreign limited liability comp		ds "limited company" or their abbrev	iation "L.C; if no
so conta	nined in the name at present.)			
Cal	ifornia	3.	101999049021	
Jurisdict	tion under the law of which for is organized)	reign limited liability	( FEI number, if application	able)
	•			
2/1	(Date of Organization)	5.	12/31/2050  Duration: Year limited liability comp	any will cease to
	(Date of Organization)		exist or "perpetual")	any win couse to
	1160M (3/1	MUFICATION		
			ions 608.501, 608.502, and 817.155,	F.S.)
	10390 Santa	Monica Boulevard,	Suite #400	9
				6 0
	Los Angeles	, California 9002 (Street address of pri		4
			nember[MGRM] or manager[M rida: (attach additional page if n	
	nage the foreign limited lia	ability company in Flo	rida: (attach additional page if n	ecessary) 💯
	nage the foreign limited lia	TITLE:  Manager	rida: (attach additional page if n	ecessary)
	NAME & ADDRESS: Sheldon P. Berger	TITLE:  Manager  Blvd., Ste. #400	nida: (attach additional page if no name & ADDRESS:  David Roberts	TITLE:  Manager
	NAME & ADDRESS:  Sheldon P. Berger  10390 Santa Monica	TITLE:  Manager  Blvd., Ste. #400	nida: (attach additional page if note in the name of t	TITLE:  Manager
	NAME & ADDRESS:  Sheldon P. Berger  10390 Santa Monica	TITLE:  Manager  Blvd., Ste. #400	nida: (attach additional page if note in the name of t	TITLE:  Manager
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	NAME & ADDRESS:  Sheldon P. Berger  10390 Santa Monica	TITLE:  Manager  Blvd., Ste. #400	nida: (attach additional page if note in the name of t	TITLE:  Manager
	NAME & ADDRESS:  Sheldon P. Berger  10390 Santa Monica	TITLE:  Manager  Blvd., Ste. #400	nida: (attach additional page if note in the name of t	ecessary) ? TITLE:  Manager
	NAME & ADDRESS:  Sheldon P. Berger  10390 Santa Monica  Los Angeles, CA 9	TITLE:  Manager  Blvd., Ste. #400	NAME & ADDRESS:  David Roberts  947 Tiverton Avenue  Ios Angeles, CA 9002	ecessary) ? TITLE:  Manager

<sup>9.</sup> 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	& ST
InterCoastal Property Services LLC certifies:	PA COMPON
1) the above named limited liability company has at least one member;	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
2) the total amount of cash contributed by the member(s) is	<u>\$10,000.00</u> ;
3) 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.) and	\$ <u>N/A</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.)	<u>\$ 10,000.00</u> .
//WS	99 AUG -6
Signature of a member or an 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.)	FILTER STA
Sheldon P. Berger, Manager	ATTOMS
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

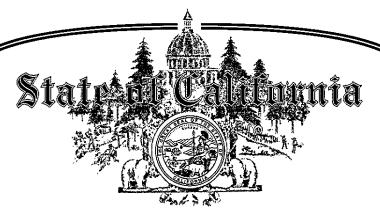
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1 DOIGIDA I.				
1. The name of	the Limited Liability Cor	npany is:		-6 P
	InterCoastal Prop	perty Services	s LIC	; 0,6 ; 0,7 ; 0,7
2. The name an	nd the Florida street addres	s of the register	ed agent and office a	प्र हिंग
	NRAI Services, I			
		(Name)		
	526 East Park Ave	enue		
	Florida street ac	idress (P.O. Box <u>N</u>	OT ACCEPTABLE)	
_	Tallahassee,	FL	32301	
		City/State/Z	ip	

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.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent



SECRETARY OF STATE

## CERTIFICATE OF STATUS CALIFORNIA LIMITED LIABILITY COMPANY

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 18th day of February, 1999, INTERCOASTAL PROPERTY SERVICES LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That no record exists in this office of a certificate of cancellation of said limited liability company nor of a court declaring cancellation thereof; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this 5th day of August, 1999.

BILL JONES Secretary of State