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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : M. BURR KEIM COMPANY

Account Number: 119990000242
Phone: (215)563-8113
Fax Number: (215)977-9386

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9:0

FOREIGN LIMITED LIABILITY COMPANY

REMEMBER ME ALWAYS L.L.C.

| Certificate of Status | 1 |
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| Certified Copy | 0 |
| Page Count | 05 |
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FLORIDA DEPARTMENT OF STATE
Katharine Harris
Escretary of State

November 10, 1999

M. BURR KEIM COMPANY

SUBJECT: REMEMBER ME ALWAYS L.L.C.

REF: W99000025954

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please delete the affidavit information be sure to leave the signature of the member. On \$8 of the application the individual listed must be titled manager or managing member.,

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) 487-6020.

Tammi Cline Document Specialist FAX Aud. #: H99000028570 Letter Number: 299A00054301

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

. H99000028570 2

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 AFOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1, | REMEMBER ME ALWAYS L.L.C. | | |
|----|--|----------|----------------------|
| | (Name of foreign limited liability company must end with the words "limited company" or their abbreviatio "L.C." if not so contained in the name at present) | n | |
| 2. | New Jersey (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) | TA. | (0 |
| 4, | July 20, 1999 5. PERPETURE (Date of Organization) [Duration: Year limited liability company will cease to experiment) | LLAHASSI | 99 NOV 1 SECRETAD |
| 6. | Upon_qualification | 1,11 | |
| (| (Date first transacted business in Florida. (See sections 606.501, 608.802, end 917.165, F.S.) | E FLO | AH 9: |
| 7. | 16 Bank Street | RATE | 0 |
| 8. | Medford. NJ 08055 (Street address of principal office) Name(s) and business address(es) of managing member(s) or manager(s) who will manage the foreign limited liability company in Florida: (attach additional page if necessary) | | |
| | Zenon J. Rotuski, managing member | | |
| _ | 16 Bank Street | | |
| _ | Medford, NJ 08055 | | |
| _ | | | |
| | | | |
| _ | | | |
| _ | | | |
| _ | | | |
| _ | | | |
| _ | | | |

Filing Fee: \$ 52.50 for Application

30

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name | name of the corporation is: REMEMBER ME ALWAYS L.L.C. | |
|-------------|---|--|
| | | |
| 2. The name | and address of the registered agent and office is: | |
| | W. Bradley Munroe, Esquire | |
| | (Name) | |
| | 239 East Virginia Street | |
| | (P.O. Box <u>not</u> acceptable) | |
| | Tallahassee, FL 32301 | |
| | (City/\$tate/Zip) | |

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SECRETARY OF STATE
TALLAHA,SSEE, FI OPIN

Having been named as registered agent and to accept service of process for the above stated corporation 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)

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Filing Fee: \$ 35 for Designation of Registered Agent

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Signature of a member or authorized representative of a member.
(in accordance with section accidents). Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated hersin are true.)
Zenon J. Rotugks, Authorized Person

99 NOV 16 AM 9: 01
SECRETARY OF STATE
TALL AHASSEF, FLORID

STATE OF NEW JERSEY DEPARTMENT OF TREASURY

REMEMBER ME ALWAYS L.L.C.

SHORT FORM STANDING

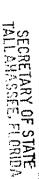
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 20, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Levy, Angststreich, Finney Etal Woodcrest Pavilions Ste 100 Ten Melrose Avenue Cherry Hill, NJ 08003

Continued on next page . . .



STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

REMEMBER ME ALWAYS L.L.C.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this

3rd day of September, 1999

Rami mmachill

Roland M Machold Treasurer