

Filing Fee: \$150.00

ID Number: 114487



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**  
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:  
PALISADES COLLECTION, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:  
\_\_\_\_\_

3. The limited liability company is organized under the laws of DELAWARE

4. The date of its organization is 5/5/98

5. The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL

6. The address of the limited liability company's resident agent in Rhode Island is:  
170 WESTMINISTER ST., STE. 900 PROVIDENCE, RI 02903  
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is CORPORATION SERVICE COMPANY  
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:  
1013 CENTRE RD. WILMINGTON DE 19805

9. The mailing address for the limited liability company is:  
210 SYLVAN AVE. ENGLEWOOD CLIFFS NJ 07632

**FILED**  
SEP 15 2000  
BY [Signature] 249555

10. The limited liability company is to be managed by:

(Check one box only)

its members or  by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

Manager

Address

NONE

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

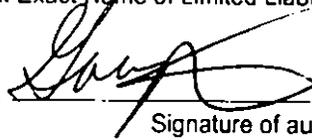
Date:

9/10/00

PALISADES COLLECTION, LLC

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALISADES COLLECTION, 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 THIRTIETH DAY OF AUGUST, A.D. 2000.



A handwritten signature in cursive script, reading "Edward J. Freel".

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Edward J. Freel, Secretary of State

2893130 8300

AUTHENTICATION: 0647448

001435446

DATE: 08-30-00