

M0000000031e7

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

300003145793--7
-02/24/00--01032--004
****155.00 ****155.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FSI Corporate Services, L.L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2/24 Certified Copy
- Mail out Will wait Photocopy Certificate of Status

RECEIVED
00 FEB 24 AM 10:56
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 FEB 24 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MUNSON
AND
FILE

| NEW FILINGS | | AMENDMENTS | |
|-------------------------------------|-------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Profit | <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | NonProfit | <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input checked="" type="checkbox"/> | Limited Liability | <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Domestication | <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other | <input type="checkbox"/> | Merger |

| OTHER FILINGS | | REGISTRATION/QUALIFICATION | |
|--------------------------|------------------|-------------------------------------|---------------------|
| <input type="checkbox"/> | Annual Report | <input checked="" type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Fictitious Name | <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Name Reservation | <input type="checkbox"/> | Reinstatement |
| | | <input type="checkbox"/> | Trademark |
| | | <input type="checkbox"/> | Other |

Examiner's Initials MB

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

FSI Corporate Services, L.L.C.

1. _____
(Name of foreign limited liability company)

2. Delaware _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

1/18/2000

Perpetual

4. _____ 5. _____
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification _____
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 1200 N. Federal Highway Suite 401 _____
Boca Raton, FL 33432 _____
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The usual business addresses of the managing members or managers are as follows:

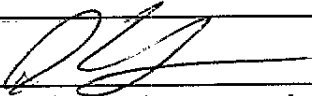
1200 N. Federal Highway Suite 401

Boca Raton, FL 33432

APPROVED AND FILED
OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00FF 21 APR 11:10

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____
To transact any lawful activity



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
David Svete

Typed or printed name of signee

**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:

FSI Corporate Services, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

NRAI Services

(Name)

526 E. Park Avenue

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee FL 32301

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 as provided for in Chapter 608, F.S..

Berri Miranda, Asst Sec.

(Signature)

Berri Miranda

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00FFR 24 09-11-10

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 "FSI CORPORATE SERVICES, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FSI CORPORATE SERVICES, L.L.C." WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

COFFER
2000 FEB 23 11:10
SECRETARY OF STATE
DELAWARE



Edward J. Freel

Edward J. Freel, Secretary of State

3160509 8300

001090602

AUTHENTICATION:

0274689

DATE:

02-23-00