

CT CORPORATION SYSTEM

CORPORATION(S) NAME

MD1000 001510

Public Affairs Management, LLC

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07/09/01 01040--021
****125.00 ****125.00

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| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Mail Out | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |

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OFFICE OF THE
CLERK OF THE
CORPORATIONS
JUL 11 11 07 AM
TALLHASSEE
SUFFICIENCY OF FILING

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SECRETARY OF STATE
TALLHASSEE, FLORIDA
APPROVED
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Name _____
Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/9/01

Order#: 4644507
Ref#: _____
Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

Handwritten signature and date: JB 7/9/01

**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:

1. Public Affairs Management, LLC
(Name of foreign limited liability company)
2. State of Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. May 1, 2000 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. One Liberty Place, Philadelphia, PA 19103-7396
(Street address of principal office)

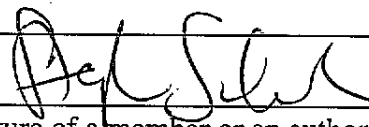
8. If limited liability company is a manager-managed company, check here

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

- | | |
|--------------------------|-------------------------------------------------------|
| <u>Stephen Schachman</u> | <u>One Liberty Place, Philadelphia, PA 19103-7396</u> |
| <u>Kenneth E. Davis</u> | <u>One Liberty Place, Philadelphia, PA 19103-7396</u> |
| <u>Mark S. Singel</u> | <u>One Liberty Place, Philadelphia, PA 19103-7396</u> |

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: Lobbying activities and related services



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.)
STEPHEN SCHACHMAN

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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**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:

Public Affairs Management LLC

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

Luis Rojas

(Name)

200 South Biscayne Boulevard, Suite 3410

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

Miami, FL 33131-2198

City/State/Zip

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TALLAHASSEE, FLORIDA

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AND
FILED

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..

LUIS ROJAS

(Signature)

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

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PUBLIC AFFAIRS MANAGEMENT, 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 FIFTH DAY OF JULY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

APPROVED
AND
FILED
01 JUL -9 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3220511 8300

AUTHENTICATION: 1227534

010323645

DATE: 07-05-01

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State