(Sub Account) DATE: Document Services L-CX15 L: WAN' NOTETUDEN ADDRESS: TELEPHONE: CONTACT NAME: CORPORATION NAME: Interactive Solutions -DOCUMENT NUMBER: (if applicable) CERTIFIED COPY (1-9) 700005793527--5 CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY Call When Roady) Call if Problem) Will Walt) After 4:30) Walk In j Plak Up) Mall Out

Up

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 A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Interactive Solutions Intern	ational, LLC				
·	(Name of foreig	gn lim	ited liability company)		
2. Delaware		3.	31-1746240		
(Jurisdiction under the law of w company is organized)	hich foreign limited liabilit	Ty .	(FEI number, if a	pplicable)	·
4		. 5.	Perpetual		
(Date of Organiz	ation)		(Duration: Year limited liabilities exist or "perpetual")	ry company wil	cease to
6. upon qualification	acted business in Florida (Saace	ections 608.501, 608.502, and 81	7155 551	<u>-</u> .
	acted business in Florida. ('9cc 9c	ections 008.501, 008.502, and 81	7.155, F.S.)	
7			·		
155 Tri-County Parkway, S	-				
	(Street addr	ess of	principal office)		<u> </u>
8. If limited liability compar	ıy is a manager-manag	ed co	ompany, check here		DZ VESSER
9. The usual business addres	sses of the managing m	emb	ers or managers are as follo	uxic.	SION OF CORPOR
	_	_			
Rodney Sizemore 15	5 Tr-COUNTY 1	KW	Ay, Suite 111 5746	Managing N	/lember
SA	ing Dale OH	4	5746		73
					<u></u> -
10. Attached is an original certificat	e of existence, no more than	190 da	ys old, duly authenticated by the o	fficial having co	stody of records in
the jurisdiction under the law of wh	ich it is organized. (A photo	соруі	s not acceptable. If the certificate i		
translation of the certificate under or	ith of the translator must be s	submi	ted.)		
11. Nature of business or pu	rposes to be conducted	l or p	romoted in Florida:		
Consulting, Telephony, PB	X		$\overline{}$		
			/0		
G: ~~ 4			2		
(In acco	rdance with section 608.408(3), F.S.	prized representative of a m the execution of this document con that the facts stated herein are true.)	stitutes	
	Rodney				
	Typed or print	ted n	ame of signee		2

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 th	ne Limited Liability (Company is:				
Interactive Solution	ns International, LLC					
2. The name and	the Florida street add	dress of the regist	ered agent and offic	ce are:		
	Lex	kisNexis Document	Solutions Inc.			
-		(Name)			76.	
	3953 W.W. Kelley Road					
•	Florida street address (P.O. Box NOT ACCEPTABLE)					
7	Tallahassee	FL	32311		三號	
		City/State	y/Zip		PH 2: (
liability company o registered agent a statutes relating to	ed as registered agen at the place designat and agree to act in thi to the proper and com- tions of my position a	ed in this certifica is capacity. I furth plete performance	te, I hereby accept t er agree to comply e of my duties, and I	he appointment a with the provisior am familiar with	imited 🗲 🕏 s ns of all and	
	\$ 1	00.00 Filing Fe	e for Application			

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERACTIVE SOLUTIONS INTERNATIONAL, LLC" 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 FOURTEENTH DAY OF JUNE, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTERACTIVE SOLUTIONS INTERNATIONAL, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2000.

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



3332343 8300

020383266

Darriet Smith Windson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 1830908

DATE: 06-14-02