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DIVISION OF CORFORATION

DK





ACCOUNT NO. : 072100000032

REFERENCE : 351694 7411247

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: December 9, 2003

ORDER TIME : 11:48 AM

ORDER NO. : 351694-010

CUSTOMER NO: 7411247

CUSTOMER: Ms. Janice Mcclean

Melvin J. Fein, P.c.

Suite 204

1155 South Washington Street

Naperville, IL 60540

FOREIGN FILINGS

NAME: PREMIUMS, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155

EXAMINER:

OS DEC. SO STATE AND A STATE A

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

	IRANSACI BUSINESS IN FLORIDA
73.7	COMMITTANCE BUTTLE SECUTION (600 502) ET ONTO A STRATE BEST DE ESTA OBJECTA DE SE DA STRATE DE DESCRIPTOR DE LA DESCRIPTOR DE
	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTED FOREIGN ITTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	PREMIUMS, L.L.C. (Name of foreign limited liability company)
	(Available of foreign infinited mapinity company)
2.,	Delaware 3. 54-2132121 Turisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	10-31-03 5. Perpetuál
	10-31-03 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6.	1-15-04
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7.	640 N. LaSalle, Ste. 295
	Chicago, IL 60610
	(Street address of principal office)
0	If limited liability company is a manager-managed company, check here
٥.	if induced habitity company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Kevin Berg. 640 N. LaSalle St., Ste. 295, Chicago, IL 60610
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.)
	dansiation of the confidence and of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: To provide advertising, advertising consulting, promotion and marketing services to business and all
	other valid business activities to achieve the above goals.
•	Mol. 52
	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.)

Melvin J. Fein as authorized representative of member

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	ne Limited Liability Company is:
PREMIUMS, L.	L.C.
2. The name and	the Florida street address of the registered agent and office are:
	CT CORPORATION SYSTEM
_	(Name)
	1200 South Pine Island Road
_	Florida street address (P.O. Box NOT ACCEPTABLE)
_	Plantation FL 33324 (City/State/Zip)
liability company registered agent a statutes relating to	ed as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as nd agree to act in this capacity. I further agree to comply with the provisions of all the proper and complete performance of my duties, and I am familiar with and ions of my position as registered agent as provided for in Chapter 608, F.S. Testine M. Eastwine Assistant Secretary

\$ 100.00 Filing Fee for Application

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

5.00

\$ 30.00

Delaware

The First State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREMIUMS, 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-FIFTH DAY OF NOVEMBER, A.D. 2003.



3722546 8300

Flarriet Smith Windson, Secretary of State

AUTHENTICATION: 2773051

030759181 DATE: 11-25-03