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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DVA QUALITY ASSURANCE CONSULTING SERVICES, LLC

Certificate of Status	0
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4/4/2008 7:51 PAGE 001/001 Florida Dept of State



April 4, 2008

FLORIDA DEPARTMENT OF STATE Division of Corporations

STEARNS WEAVER MILLER

SUBJECT: NOVA QUALITY ASSURANCE CONSULTING SERVICES, LLC

REF: W08000017344

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FAX Aud. #: E08000084440 Letter Number: 208A00019963

H08000084440

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BY ISINESS, IN THE STATE OF FLORIDA:

LIMILED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	
1. NOVA QUALITY ASSURANCE CONS (Name of Foreign Limited Liability Company; must inclu-	
(Marie of Foreign Limited Lizothly Company; must inclu-	de Ellinted Elability Company, E.E.C., of Elec.
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C.," "LL.C.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
_{2.} Delaware 3	20-3427874
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	Perpetual (Duration: Year limited liability company will-cease to exist or "perpetual")
_{6.} upon qualification	A2 43
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 13800 NW 14th Street, Suite 130	rida, if prior to registration.) to determine penalty liability)
Sunrise, FL 33323	- Table 20
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana 13800 NW 14th Street, Suite 130	ging members or managers are as follows:
Sunrise, FL 33323	
 Attached is an original certificate of existence, no more than 90 d the jurisdiction under the law of which it is organized. (A photocopy 	ays old, duly authenticated by the official having custody of records in
tre joins occurs to the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	
11. Nature of business or purposes to be conducted or	promoted in Florida:
quality assurance consulting	
heaven to	truck
Signature of a member or any au	thorized representative of a member.
an affirmation under the penalties of peni	S., the execution of this document countlinies ary that the facts stated herein are true.)
Gregory Harris	
Typed or printed	name of signee

H08000084440

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.

PEORIDA.	
1. The name of the Limited Liability Company is:	
NOVA QUALITY ASSURANCE CONSULTING SERVICES, LLC	_
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	2008 APR -4 SECRETAR TALLAHASS
NRAI SERVICES, INC.	
(Name)	SSE RY
2731 EXECUTIVE PARK DRIVE, SUITE 4	
Florida Street Address (P.O. Box NOT ACCEPTABLE) WESTON 33331 FL.	8: 31 STATE LORIDA
City/State/Zip	
Having been named as registered agent and to accept service of process; r the above stated it liability company at the place designated in this certificate, I hereby acce, the appointment as agent and agree to act in this capacity. I further agree to comply with the provisions of all states relating to the proper and complete performance of my duties, and I am formular with and access obligations of my position as registered agent as ployided for in Chapter 108, Florida Statutes (6) gusture) \$ 100.00 Filing Fee for Application of Register and Agent	registered tutes opt the
\$ 30.00 Certified Copy (options 5 5.00 Certificate of Status (op onal)	

Delaware

H08000084440

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOVA QUALITY ASSURANCE CONSULTING SERVICES, 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 SECOND DAY OF APRIL, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVA QUALITY ASSURANCE CONSULTING SERVICES, LLC" WAS FORMED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2005.

2008 APR -4 AT 5: 5:

.

4026122 8300 080386148



Varriet Smith Hindan

AUTHENTICATION: 6495329

DATE: 04-02-08