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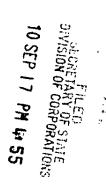
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EXAMINER



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CONTACT:	KATIE WO	NSCH		17 88 SEE
DATE:	<u>09/17/2010</u>			S. Tolk
REF. #:	000150.1322	<u>16</u>		
CORP. NAME:	<u>MERIDIAN</u>	5, LLC		
() ARTICLES OF INCO () ANNUAL REPORT (XX) FOREIGN QUALI () REINSTATEMENT		() ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER		¥
() CERTIFICATE OF C	CANCELLATION			
		TH CHECK# <u>536593</u> FOR \$ <u>1</u> CCOUNT IF TO BE DEBITE		
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(XX) CERTIFIED CO		() CERTIFICATE OF GOOD STAN	NDING () PLAIN ST	AMPED COPY

Examiner's Initials

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

		Maridian 5	II C
(Na	ame of Foreign Limited Liability Compan	y; must include "Li	LLC mited Liability Company," "L.L.C.," or "LLC.")
•			• •
name u	navailable, enter alternate name adopted	for the purpose of the	ansacting business in Florida and attach a copy of the w
nsent of	the managers or managing members ado	pting the alternate n	ame. The alternate name must include "Limited Liability
• •	" "L.L.C," "LLC.")		
	Delaware ction under the law of which foreign limit	3	(FEI number, if applicable)
(Jurisdic	ction under the law of which foreign limit y is organized)	ed liability	(FEI number, if applicable)
	May 28, 2010	5	Perpetual
	May 28, 2010 (Date of Organization)	<u></u>	Perpetual puration: Year limited liability company will cease to
		ex	ist or "perpetual")
Upon	qualification (Date first transacted by		
	(See sections 608.501 &	608.502 F.S. to det	r prior to registration.) ermine penalty liability)
0.0	Diggovno Poulovard	Suite 2	302, Miami, FL 33132
20	o biscayne boulevalu	, Suice 2	302, MIAMI, FE 33132
	(Sti	A A TOTAL OF THE STATE OF THE S	AAC-A
	·	eet Address of Prin	cipal Office)
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Iflimi	ited liability company is a manager		<u></u>
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The na	ame and usual business addresses	r-managed comp	eany, check here
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The n	ame and usual business addresses	r-managed comp	members or managers are as follows:
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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:	
Meridian 5, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
CorpDirect Agents, Inc.	
(Name)	
515 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 l liability company at the place designated in this certificate, I hereby accept the appointment a agent and agree to act in this capacity. I further agree to comply with the provisions of all sta	s registere

11851. See.

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, Florida Statutes.

\$ 100.00 Filing Fee 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, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MERIDIAN 5, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERIDIAN 5, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2010.

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

4830054 8300

100918581

AUTHENTY CATION: 8234256

DATE: 09-17-10

You may verify this certificate online at corp.delaware.gov/authver.shtml