TYLER B. GAINES IOHN P. MULLEN THOMAS R. PANSI OF COUNSEL DENNIS P. HOGAL OMAHA, NEBRASKA 68114-3773 HARRY B. OTIS DAVID D. ERNST JOHN Q.BACHMAN SALVADORE CARTA TELEPHONE 402 397-5500 IOSEPH W. GRANT

TELECOPIER

402 397-4853

\_ 402 392-0416

March 30, 1999

KRISTINE A. DORN \*ALSO ADMITTED IN IOWA

MATTHEW T. PAYNE

earl G.Greene, III \* LISA M. MEYER

JAMES D. BUSER\* DAVID L.WELCH

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

-04/05/99--01050--801 \*\*\*\*293.75

Re: Genesis Technology Partners, LLC

Dear Sir or Madam:

I am forwarding for filing an original and one duplicate copy of the following ments:

- Application by Foreign Limited Liability Company for Authorization to Trans act Business in Florida with certificate of existence from the State of Nebraska, dated March 18, 1999:
- Affidavit of Membership and Contribution of Foreign Limited Liability Com-2. pany; and
- Certificate of Designation of Registered Agent/Registered Office. 3.

Please return the duplicate copy to our office stamped with the date of filing.

We are also enclosing our firm check made payable to the Florida Department of State in the amount of \$293.75 for filing fee, designation of Registered Agent, and Certificate of Status.

Thank you for your assistance.

truly your

JDB:cg

## 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:

urisdiction	aska under the law of which foreign lin	3nited liability	47-0814621 (FEI number, if application	ible)
ompany is o	rganized)			
Sept	ember 4, 1998 (Date of Organization)	5	Perpetual (Duration: Year limited liability con	npany will cease to
	(Date of Organization)		exist or "perpetual")	
Feb	ruary 1, 1999	in Florida (See sect	ions 608.501, 608.502, and 817.155	FS
100	50 Regency Circle, Suit			, 1 .5.7
	o Regency Circle, 5di			<u></u>
Oma	ha, Nebraska 68114	(Street address of p		
List name	title and business address of	f each managing	member[MGRM] or manager	[MGR]who
List name, will manag	title, and business address o e the foreign limited liability	company in Flo	member[MGRM] or manager rida: (attach additional page if	necessary)
will manag	title, and business address of the foreign limited liability NAME & ADDRESS:	f each managing company in Flo	member[MGRM] or manager rida: (attach additional page if NAME & ADDRESS:	[MGR]who necessary)
will manag	e the foreign limited liability	y company in Flo  TITLE:  President	rida: (attach additional page if	necessary)
will manag	e the foreign limited liability	company in Flo	rida: (attach additional page if	necessary)
will manag	e the foreign limited liability  NAME & ADDRESS:  Sandy D. Morford	r company in Flo TITLE: President MOLM	rida: (attach additional page if	necessary)
will manag	e the foreign limited liability NAME & ADDRESS:  Sandy D. Morford  7613 Ponce Avenue	r company in Floor TITLE: President MoLM 91304 Executive	rida: (attach additional page if  NAME & ADDRESS:	necessary)
will manag	e the foreign limited liability NAME & ADDRESS:  Sandy D. Morford  7613 Ponce Avenue  West Hills, CA 92821	resident MolM 91304  Executive and Secreta	rida: (attach additional page if  NAME & ADDRESS:	TITLE:  SECRET
will manag	NAME & ADDRESS:  Sandy D. Morford  7613 Ponce Avenue  West Hills, CA 92821  Haresh S. Satiani  155 Brookside Lane	r company in Floor TITLE: President MoLM 91304 Executive	rida: (attach additional page if  NAME & ADDRESS:	FILL SECRETARY TITLE: SECRETARY
will manag	NAME & ADDRESS:  Sandy D. Morford  7613 Ponce Avenue  West Hills, CA 92821  Haresh S. Satiani	resident MolM 91304  Executive and Secreta	rida: (attach additional page if  NAME & ADDRESS:	TITLE:  99 APR -5 PM SECRETARY OF THE ASSECTION
will manag	NAME & ADDRESS:  Sandy D. Morford  7613 Ponce Avenue  West Hills, CA 92821  Haresh S. Satiani  155 Brookside Lane	resident MolM 91304  Executive and Secreta	rida: (attach additional page if  NAME & ADDRESS:	FILL SECRETARY TITLE: SECRETARY

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of	of a member ofGenesis_Tec	hnology
Partners, LLC	_certifies:	
1) the above named limited liability company has at lea	st one member;	
2) the total amount of cash contributed by the member(	s) is	\$ 600,000;
<ol> <li>if any, the agreed value of property other than cash of (A description of the property is attached and made a and</li> </ol>		\$;
4) the total amount of cash and property contributed and by member(s) is (This total includes amounts from 2 and 3 above.)	d anticipated to be contributed	\$ 600,000
Signature of a member of an author (In accordance with section 608.408(3), Flor affidavit constitutes an affirmation under the stated herein are true.)	ized representative of a men	iber.
Sandy D. Morfo Typed or print	ord ed name of signee	
		99 AP SECRE

Filing Fee: \$250.00 for Application and Affidavit

99 APR -5 PH 5: 00
SECRETARY OF STATE
AHASSEE FLORIDA

## 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.

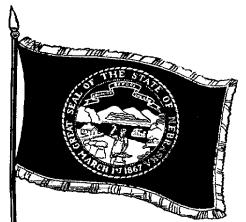
1.	The name of the Limited Liability Company is:				
	Genesis Technology Partners, LLC				
2.	The name and the Florida street address of the registered agent and office are:		•	-	
	C T CORPORATION SYSTEM				
	(Name)	SEC 03S	69		
	1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE)	RETARY O	APR-5 P	TILE	
	PLANTATION FL 33324  City/State/Zip	F STATE	PH 5: 00	¯ <u>¯</u>	_
	0.65, 2.44, 2.45	D.			

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.

anne E Diamon

Filing Fee: \$ 35 for Designation of Registered Agent

### **STATE OF**



### **NEBRASKA**

United States of America, State of Nebraska

SS.

Department of State Lincoln, Nebraska

I, Scott Moore, Secretary of State of Nebraska do hereby certify;

### GENESIS TECHNOLOGY PARTNERS, LLC

with its registered office located in OMAHA, Nebraska, filed Articles of Organization in this office on September 4, 1998.

I further certify that said limited liability company is in existence as of this date.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on March 18, in the year of our Lord, one thousand nine hundred and ninety-nine.



SECRETARY OF STATE