# M99000001376

C T CORPORATION SYSTEM		
660 East Jefferson Street		
Requestor's Name		
<u>Tallahassee</u> , Florida 3230	11	
Address (850) 222-1092		
City State Zip	Phone	4000029759640° -09/01/9901049018
CORPORAT	TION(S) NAME	****285.00 ****285.00 
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Acc.		
	BDD Se	idnas Solutions Provider, LC
() Profit () NonProfit	() Amendr	~~~
Limited Liability Com () Foreign	pany () Dissolu	tion/Withdrawal () Mark
() Limited Partnership () Reinstatement	() Annual ( ) Fict.	Report () Other For work () Change of Race () UCC-1 UCC-1
() <u>Limited Liability Par</u> () Certified Copy	() Photo (	
() Call When Ready  Walk In () Mail Out	() Call if F () Wiil Wa	eit Pick Op
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Name Availability  Document Examiner  Updater  Verifier  Acknowledgment  W.P. Verifier	1300 - SEP 1 -	Thanks, Filed Starp  SEP - I PH 12: 43  Thanks, FLORIDA  Thanks, FLORIDA

CR2E031 (1-89)

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AU-THORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreign limited liability of			11 1.1
L.C. If not so contained in the n	company must end with the same at present. Please l	he words "limited company" or their a Note: L.L.C. Is not an acceptable suf	ibbreviation <del>lix in Florida.) ⇔</del>
Delaware	<u>-</u>	<b>3.</b> 38–337116	<u> </u>
Jurisdiction under the law of wh company is organized)	ich foreign limited liability	( FEI number, if applica	ble)
9/22/97		derpetual	
(Date of Organization)	(Duration or "per	n: Year limited liability company will coperual?	ease to exist
upon qualifica (Date first transacted business		3.501, 608.502, and 817.155, F.S.)	
Two Prudential	PLaza, 180 North S	Stetson Avenue,	
Suite 4300, Ch	icago, IL 60601		
List and indicate in title space member[MGRM] or manage		, title, and business address of ecessary to list members.	each managing
nember[MGRM] or manage	er[MGR]. It is not ne		each managing TITLE:
nember[MGRM] or manage (attach additional page if necess	er[MGR]. It is not ne ary) TITLE:	cessary to list members.	
nember[MGRM] or manage attach additional page if necession NAME & ADDRESS:	er[MGR]. It is not ne ary) TITLE:	cessary to list members.	TITLE:
nember[MGRM] or manage attach additional page if necess NAME & ADDRESS:  BDO Seidman Management	er[MGR]. It is not ne any)  TITLE:  , Inc. MGR	cessary to list members.	
nember[MGRM] or manage (attach additional page if necess) NAME & ADDRESS:  BDO Seidman Management Two Prudential Plaza	er[MGR]. It is not ne any)  TITLE:  , Inc. MGR	cessary to list members.	TITLE:
nember[MGRM] or manage (attach additional page if necess) NAME & ADDRESS:  BDO Seidman Management Two Prudential Plaza  180 N. Stetson Ave., #4	er[MGR]. It is not ne any)  TITLE:  , Inc. MGR	cessary to list members.	TITLE:
nember[MGRM] or manage (attach additional page if necess)  NAME & ADDRESS:  BDO Seidman Management  Two Prudential Plaza  180 N. Stetson Ave., #4  Chicago, IL 60601  SEIDMAN	er[MGR]. It is not ne any)  TITLE:  , Inc. MGR  4300  MGR	cessary to list members.	SECRETARY OF STALLAHASSEE, FL

Filing Fee: \$ 52.50 for Application

#### 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:  BDO SEIDMAN SOLUTIONS PROVIDER, LLC
2.	The name and the Florida street address of the registered agent and office are:
	C T CORPORATION SYSTEM (Name)
	1200 South Pine Island Road  Florida street address (P.O. Box NOT ACCEPTABLE)
	Plantation FL 33324 (City/State/Zip)

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.

C T CORPORATION SYSTEM

(Signature)

Anne E. Niamand, Asst. Secretary

Filing Fee: \$35 for Designation of Registered Agent

99 SEP - 1 PM 3: 25 SECRETARY OF STATE

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The	e undersigned member or authorized representative of a member of BDO Seidman			
_	Solutions Provider, LLC certifies:	,		
1)	the above named limited liability company has at least one member;			
2)	the total amount of cash contributed by the member(s) is	\$ 25,0	<u> </u>	<u>)</u> ;
	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$ <u> </u>	<u> </u>	<del></del> ;
4)	the total amount of cash and property contributed and anticipated to be contributed by member(s) is  (This total includes amounts from 2 and 3 above.)	\$_25,0	<u> </u>	<u>.</u> .
	BDO Seidman Management, Inc., Manager			
	By: Vice President  Signature of a member of authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this contains a section of the section of t	<del></del>		
	affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	٦ کره		
	John T. Manning, Vice President	ECRE	99 SEF	
	Typed or printed name of signee	TARY OF STATE ASSEE. FLORID!	I PM 3: 25	FILED

Filing Fee: \$250.00 for Application and Affidavit

## State of Delaware Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BDO SEIDMAN SOLUTIONS PROVIDER,

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 THIRTY-FIRST DAY OF

AUGUST, A.D. 1999.

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

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9947947

DATE:

08-31-99

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