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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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From:

Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

99 JUN 29 PH 2: 19

FOREIGN LIMITED LIABILITY COMPANY

Gibraltar Network LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$337.50

38637/105/0597

net to KRP



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 28, 1999

FOLEY & LARDNER

SUBJECT: GIBRALTER NETWORK LLC

REF: W99000014930

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate submitted is a Certified Copy Certificate, this is not acceptable. You must submit a Certificate of Good Standing, stating that the company is in good standing and has not dissolved or withdrew.,

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Michelle Hodges Document Specialist FAX Aud. #: E99000015608 Letter Number: 899A00034007

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:

contained in the name at present.)					
Delaware isdiction under the law of which foreign apany is organized)	gn limited liability	3, <u>appli</u> 6 (ed for FEI number, if app	olicable)	
June 9, 1999 (Date of Organization)		Duration: Yea exist or "perpe	erpetual or limited liability or tual")	ompany will cease	e to
June	30. 1999 (anti	cipated)			
June (Date first transacted busin	ness in Florida. (See s	ections 608.501,	608-502, and 817.1:	55, F.S.)	
4190 Belfort Road, Suit	e 475, Jackson	ville. FL 32	216		
				•	
	(Street address of	principal office)			
		1 . D 46	5D3 (1	D (CD)l.	
manage the foreign limited liab	ility company in I	Florida: (attach	additional page	if necessary)	
manage the foreign limited liab	ility company in I	Florida: (attach	additional page ADDRESS:	if necessary) TITLE:	
manage the foreign limited liab NAME & ADDRESS: Linda Sherrer	TITLE:	Florida: (attach	additional page ADDRESS:	if necessary) TITLE:	
·	TITLE:	Florida: (attach	additional page ADDRESS:	if necessary) TITLE:	-
NAME & ADDRESS:	TITLE: MGR Suite 475	Florida: (attach	additional page ADDRESS:	if necessary) TITLE:	
NAME & ADDRESS: Linda Sherrer 4190 Belfort Road, S	TITLE: MGR Suite 475	Florida: (attach	additional page ADDRESS:	if necessary) TITLE:	10101410
NAME & ADDRESS: Linda Sherrer 4190 Belfort Road, S	TITLE: MGR Suite 475	Florida: (attach	additional page ADDRESS:	if necessary) TITLE:	0.00101810
NAME & ADDRESS: Linda Sherrer 4190 Belfort Road, S Jacksonville, FL 322	TITLE: MGR Suite 475	Florida: (attach	additional page ADDRESS:	if necessary) TITLE:	100 00 00 00 00 00 00 00 00 00 00 00 00
NAME & ADDRESS: Linda Sherrer 4190 Belfort Road, S Jacksonville, FL 322	TITLE: MGR Suite 475	Florida: (attach	additional page ADDRESS:	if necessary) TITLE:	
nanage the foreign limited liab NAME & ADDRESS: Linda Sherrer 4190 Belfort Road, S Jacksonville, FL 322	TITLE: MGR Suite 475	Florida: (attach	additional page ADDRESS:	if necessary) TITLE: 99 JUN 29 PH 2:	OF STATE OF
name the foreign limited liab NAME & ADDRESS: Linda Sherrer 4190 Belfort Road, S Jacksonville, FL 322	TITLE: MGR Suite 475	Florida: (attach	additional page ADDRESS:	if necessary) TITLE:	OLEGIO DE COMO COMO COMO COMO COMO COMO COMO COM

^{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 a member of <u>Gibraltar N</u>	etwork	LLC	_
certifies:			-
1) the above named limited liability company has at least two members;			
2) the total amount of cash contributed by the member(s) is	\$	10.	00 ;
3) 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.) and	\$	0	;
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.)	\$ 3,2	50,00	0
Signature of a member or an authorized representative of a mem (In accordance with section 608,408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ber.	99 JUN 2	SEC!
John M. Welch, Authorized Representative		₩ 29	NETAN PARTE
Typed or printed name of signee		9 PN 2: 19	LED XY OF STATE CORPORATIONS

Filing Fee: \$250.00 for Application and Affidavit

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:		
Gibraltar Network LLC		
2. The name and the Florida street address of the registered agent and office are:		
F&L Corp	•	•
(Name)		
200 Laura Street		
Florida street address (P.O. Box NOT ACCEPTABLE)		-
Jacksonville FL 32202		
City/State/Zip		
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all strelating to the proper and complete performance of my duties, and I am familiar with and acoultigations of my position as registered agent.	as regist tatutes	ered
Charles V. Historia	99	DIVIO SI
(Signature)	FINE TO SERVICE TO SER	SION
Charles V. Hedrick, Authorized Signatory	29	위 2 2 2 2 3
Filing Fee: \$ 35 for Designation of Registered Agent	JUN 29 PM 2:	ORPOR/
		ATTO

FOLEY & LARDNER

Pade 1

State of Delaware Office of the Secretary of State

I. EDWARD J. FREEL. SECRETARY OF STATE OF THE STATE OF VELOCIARS. DETWER TOYTOER TERY TESTERAL TARTACT WORK LLO' IS DULY TORMAD OF DER THE LAKE OF THE STATE OF DELACARE AND IS IN COOR STANDING TAND HAS A LIBAR TEXT, TRYOT SO FAR AD THE ASSOCRAPTION (MISSISSING SECONDS) OF THE TWENTY-EIGHT DAY OF JUME TAID. 1945.

AND I DO HERELY POSTHER DEKTIFY THAT THE ANNUAL TAXES MAVE.

NOT BEEN ASSESSED IS DATE.



Edward J. Freel, Secretary of State

-AUTHENTICATION:

7.837.679.

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DATE:

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