TRIAD

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Fax Number

: (850)205-0383

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

Phone Fax Number (770)777-2091

(770)220-1943

FLORIDA/FOREIGN LIM

ComVest Capital, LLC

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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORESCE

	MATEDILABILITY COMPANY TO THE ASSAULT BUSINESS IN THE STATE OF PLORIDAL
1.	Comvest Capital, LLC (Name of Forsign Limited Liability Company)
'n	Delaware 3 51-0587247
	(furbulation under the law of which foreign limited liability (FBI number, if applicable) company is organized)
4.	February 14, 2006 (Date of Organization) 5. Perpetual (Duration: Year limited Hability company will cours to exist or "perpetual")
5.	Upon Qualification
	(Dake three transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine populty limbility)
!.	One North Clematis Street, Suite 300
	West Palm Beach, FI 33401
	(Street Addition of Principal Office)
	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here
	The name and usual business addresses of the managing members or managers are as follows:
	ComVest Capital Management LLC - Managing Member
	One North Clematic Street, Suite 300
	West Palm Beach, Fl 33401
C	Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official having custody of records in which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a submitted of the certificate under cath of the translator must be submitted.)
1.	Nature of business or purposes to be conducted or promoted in Florida: To make, acquire,
	trade and/or deal in financial investments of all types.
•	William Villey
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the Assention of this document constitutes an affirmation under the possibles of perjory that the Boxe search bergin are true.)
	Cecilio M. Rodriguez, Authorized Representative
	Typed or printed name of signer

1. The name of the Limited Liability Company is:

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.

Com	/est Capital, LLC		
2. The name and the Florida street address of the registered agent and office are:			06 DEC
•	NRAI Services, Ir	nc.	8 -6 I
		(Name)	FILED 6 AM FILED
	2731 Executive	Park Dr., Suite 4	9: <u>1</u>
	Florida Street	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Weston	FL 33331	
	•	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 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)

S 5.00 Certificate of Status (optional)



DRCF.

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONVEST CAPITAL, 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 TWENTY-SECOND DAY OF MOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOMVEST"
CAPITAL, LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D.
2006.

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

4110334 8300 061075381 Harriet Smita Mindson, Secretary of State

AUTHENTICATION: 5219718

DATE: 11-22-06