

ACCOUNT NO. : 072100000032

REFERENCE : 568165 4339618

AUTHORIZATION

COST LIMIT

ORDER DATE: January 28, 2000

ORDER TIME: 11:28 AM

ORDER NO. : 568165-005

CUSTOMER NO: 4339618

CUSTOMER:

Rodney Ertischek, Esq.

20 Fuller Road

Briarcliff Mano, NY 10510

NAME: TECHWURX SYSTEMS LLC

800003115828--2

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson





TECHWURX	SYSTEMS LLC	of foreign limit	ed liability company)		
 -	(Name	e or toreign mmr	ca manny trulyy		
New York	-	3.			
New IOLK	w of which foreign limit	ted liability	(FEI number, i	f applicable)	
iny is organized)		-	,		
		· 5.	Perpetual		
January	11, 2000	<i>3.</i> .	(Duration: Year limited liab	ility company will c	ease to
(Date of	Organization)		exist or "perpetual")		
			,		
Upon Qu	alification .	El 110 (See co	ctions 608.501, 608.502, and	817,155, F.S.)	•
(Date fi	rst transacted business in	Florida. (See Se	chons ode.sor, occurs, and	····	•
	n i ni Domi	hroke Dine	es, FL 33029-1250	2	
19866 SW .	ard Place, Pen	OT OVE TTT		275	
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<u> </u>		Street address of	principal office)	. وهم يه عالم الم	ii, 50
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	-1 business addresse	s of the manag	ing members or manage	ers are as follows	-71
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<u> Tona Fern</u>	andes Suite	500, 560	White Plains Road	7, Tarrytown	1, NY 1
<u> Tona Fern</u>	andes Suite	500, 560	White Plains Road	7, Tarrytown	1, NY 1
<u> Tona Fern</u>	andes Suite	500, 560	White Plains Road	7, Tarrytown	1, NY 1
James D K	andes Suite ath 19866	500, 560 SW 3rd Pl	White Plains Road	9, Tarrytown	29-125
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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:	
TECHWURX SYSTEMS LLC	
2. The name and the Florida street address of the registered agent and office are:	
JAMES_D KATH (Name)	BECOM.
19866_SW_3rd_Place Florida street address (P.O. Box_NOT_ACCEPTABLE)	
Pembroke Pines FL 33029-1250 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, F.S..

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York Department of State

I hereby certify, that TECHWURX SYSTEMS LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 01/11/2000, and that the limited liability company is subsisting so far as shown by the records of the Department.

Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of January two thousand.

Con NEW Clauding Secretary of State

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