

# M0000000/454

Document Number Only

MJH

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
850-222-1092

DATE: 7 / 25

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\*\*\*\*130.00 \*\*\*\*130.00

Corporation(s) Name

_____	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 JUL 25 PM 4: 26
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moon DP, LLC	
_____	

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| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit           |  |                                 |
| <input checked="" type="checkbox"/> Foreign  | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark   |
| <input checked="" type="checkbox"/> LLC      | <input type="checkbox"/> Withdrawal      |                                 |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> UBR             | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Ch. RA |
| <input type="checkbox"/> UCC ( ) 1 or ( ) 3  |  |                                 |

\*\*\*Special Instructions\*\*

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| <input type="checkbox"/> Certified Copy                         | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> XCUS |
| <input type="checkbox"/> arts/ameds/mergers ( ) Other-See Above |                                      |  |

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| <input checked="" type="checkbox"/> Walk in | <input checked="" type="checkbox"/> Pick-up | <input type="checkbox"/> Will Wait |
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 JUL 25 PM 12: 01

RECEIVED

Please Return Filed Stamped  
Copies To:

Jeffrey Butterfield

Thank You!

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:

1. Moore DP, LLC (Name of foreign limited liability company)

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 61-1372008 (FEI number, if applicable)

4. 6/26/2000 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 1441 Sunshine Lane, Lexington, Kentucky 40505 (Street address of principal office)

8. If limited liability company is a manager-managed company, check here [xx]

9. The usual business addresses of the managing members or managers are as follows:

G. James Phelps, 621 Lakeshore Drive, Lexington, KY 40502

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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: Manufacture and distribution of tele-communications products and related activities.

S. Garry Simpson Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) S. GARRY SIMPSON Typed or printed name of signee

**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:

Moore DP, LLC

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2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

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(Name)

1200 South Pine Island Road

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Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

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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 as provided for in Chapter 608, F.S..*

  
(Signature)

**CONNIE BRYAN**  
**SPECIAL ASSISTANT SECRETARY**

\$ 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 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 "MOORE DP, 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 TWENTIETH DAY OF JULY, A.D. 2000.

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



*Edward J. Freel*

Edward J. Freel, Secretary of State

3250505 8300

001366681

AUTHENTICATION:

DATE:

0569670

07-20-00