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| Fallahassee, FL 32301 Fel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton | . · · · | 07/26/00- | 167485 01048034)0 ****130.00 |
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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:

| Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) July 10, 2000 5. (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") | _ PETRACOM OF SHOW LOW, LLC | | ······ |
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| Jury 10, 2000 (PEI number, if applicable) July 10, 2000 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") Upon qualification (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") Upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 1527 North Dale Mabry, Suite 105 Lutz, Florida 33549 (Street address of principal office) V If limited liability company is a manager-managed company, check here 78 78 The usual business addresses of the managing members or managers are as follows: 79 76 1527 North Dale Mabry, Suite 105, Lutz, Florida 33549 78 78 1527 North Dale Mabry, Suite 105, Lutz, Florida 33549 78 78 1527 North Dale Mabry, Suite 105, Lutz, Florida 33549 78 78 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: To engage | (Name of fore | eign limited liability company) | |
| July 10, 2000 5. Perpetual (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") Upon qualification (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 1527 North Dale Mabry, Suite 105 Lutz, Florida 33549 (Street address of principal office) If limited liability company is a manager-managed company, check here The usual business addresses of the managing members or managers are as follows: 1527 North Dale Mabry, Suite 105, Lutz, Florida 33549 1527 North Dale Mabry, Suite 105, Lutz, Florida 33549 1527 North Dale Mabry, Suite 105, Lutz, Florida 33549 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under cath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: To engage in any lawful act or | Delaware | 3 | |
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| | activity for which limited liability companies may be or | ganized under the Florida Limited Liability Comp | pany Act. |
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Signature of a member or 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.)

Joseph M. Fry

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

| Petracom of Show Low, LLC | | |
|---------------------------|--------|-----|
| | ······ | 1.5 |

2. The name and address of the registered agent and office is:

c/o CT Corporation System (Name) 1200 South Pine Island Road (P.O. Box or Mail Drop Box <u>NOT</u> 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.

| (Signature) | (Date) |
|---|--------|
| CONNIE BRYAN SPECIAL ASSISTANT SECRETARY | |

Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PETRACOM OF SHOW LOW, 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-FIFTH DAY OF JULY, A.D. 2000.

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



Eduit Brul

Edward J. Freel, Secretary of State

AUTHENTICATION: DATE:

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