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CAPITOL SERVICES d/b/a

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.	
(Requestor's Name)	
1406 Hays Street, Suite 2	er er
(Address) Tollohoosee FI 32301 (904) 656~3992	OFFICE USE ONLY
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(City, State, Zip) (Phone #)	6000033834262 -09/06/0001022020 ****155.00 ****155.00
CORPORATION NAME(S) & DOCUMENT NUM	BER(S) (if known):
1. Flexcorp Systems LLC (Comporation Name)	(Document #)
2.	(Document#)
(Corporation Name)	1. 4.0
3. (Corporation Name)	(Document#)
•	Shorment #1
4. (Corporation Name)	
Walk in Pick up time 9/6	Certified Copy
	Certificate of Status
Mail out Will wait Photocopy	Certificate of States
NEW FILINGS AMENDMENTS	
Profit Amendment	
NonProfit Resignation of R.A., Office	er/Director
Limited Liability Change of Registered Age	ent SPR O
Domestication Dissolution/Withdrawal	20 2 6 M
Other Merger	
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OTHER FILINGS REGISTRATION/ QUALIFICATION	(22)
Annual Report Foreign	2/341
Fictitious Name Limited Partnership	W 21841 3/10/0283/de
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Reinstatement	10 AV

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 6, 2000

CAPITOL SERVICES

SUBJECT: FLEXCORP SYSTEMS, LLC

Ref. Number: W00000021841

We have received your document for FLEXCORP SYSTEMS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following:

The document must contain the usual business addresses of its managing members or managers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 100A00047210

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:

(2 141110 01	foreign limited liability company)
Delaware	3. 13 - 413 1083 (FEI number, if applicable)
Delaware urisdiction under the law of which foreign limited le ompany is organized)	iability (FEI number, if applicable)
July 12, 1990 (Date of Organization)	5. <u>perpetual</u> (Duration: Year limited liability company will cease to
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
upon qualification	·
(Date first transacted business in Flor	rida. (See sections 608.501, 608.502, and 817.155, F.S.)
41 Park Avenue, Suite 17E	3
New York, New York 10016	
(Stree	et address of principal office)
If limited liability company is a manager-m	nanaged company, check here
The usual business addresses of the managi	ing members or managers are as follows:
Seymour Cohen	
41 Park Avenue, Suite 17	E
	·
New York, NY 10016	
•	
	re than 90 days old, duly authenticated by the official having custody of a
•	photocopy is not acceptable. If the certificate is in a foreign language, a
slation of the certificate under oath of the translator mu	is de submineer)
Nature of business or purposes to be cond	lucted or promoted in Florida:
Q a M N	
rayroll form	u
Sen	when lokes
	or an authorized representative of a member.
Signature of a member of	Some se_f
(In accordance with section 608	3.408(3), F.S., the execution of this document constitutes
(In accordance with section 608 an affirmation under the penalt:	3.408(3), F.S., the execution of this document constitutes ties of perjury that the facts stated herein are true.)

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: FLEXCORP SYSTEMS LLC	
2. The name and the Florida street address of the registered agent and office are:	, <u>, , , , , , , , , , , , , , , , , , </u>
United Corporate Services, Inc. (Name)	ፕ
9200 South Dadeland Blvd., Suite 508 Florida street address (P.O. Box NOT ACCEPTABLE)	·····································
Miami FL 33156 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..

Michael A. Barr, President

\$ 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 "FLEXCORP SYSTEMS, 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-NINTH DAY OF AUGUST, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLEXCORP SYSTEMS, LLC" WAS FORMED ON THE TWELFTH DAY OF JULY, A.D. 2000.

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

APPROVED
AND
FILED
00 SEP -0 MILES
SECRETARY OF SIMILES
SECRETARY OF SIMILES

Edward J. Freel, Secretary of State

AUTHENTICATION: 0645203

DATE: 08-29-00

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