900 E Indiantown Rd Suite 207 Jupiter, FL 33477

September 25, 2000

Registration Section _ Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

900003408239---7 -09/28/00--01080--004 ****130.00 ****130.00

Dear Sir or Madam:

Enclosed please find the following documents:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.
- 2. Original Certificate of Good Standing issued by the State of Delaware
- 3. Certificate of Designation of Registered Agent/Registered Office
- 4. Our check in the amount of \$130.00 payable to Florida Department of State

If there are any questions, please feel free to contact me at 561-747-9400. Thank you for your assistance in this matter.

Respectfully yours,

Elaine C. Paul Controller ETARY OF STATE

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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: XPO1 LLC (Name of foreign limited liability company) Delaware (Jurisdiction under the law of which foreign limited liability company is organized) August 17, 2000 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") October 1, 2000 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 900 E. Indiantown Road Suite 207, Jupiter, FL 33477 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The usual business addresses of the managing members or managers are as follows: \(\sigma\) 900 E. Indiantown Road Suite 207, Jupiter, FL 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:

Typed or printed name of signee

William J. Mason

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.)

Exposition Services

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:	
	XP01 LLC		
2. The name and	l the Florida street address of th	e registered agent and office a	ıre:
	Susan S. Maso	n	
	(Name)		SEC TALL
	900 E. Indiantown Rd.	Suite 207	SEP T
Florida street address (P.O. Box NOT ACCEPTABLE)		28 ARY (
	Jupiter	FI 33477	PR II

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..

City/State/Zip

OVSUM DU (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 Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "XPO1 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 EIGHTEENTH DAY OF AUGUST, A.D. 2000

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XPOLLE" WAS FORMED ON THE SEVENTEENTH DAY OF AUGUST, A.D. 2000. FIG. TO THE SEVENTEENTH DAY OF AUGUST, A.D. 2000. FIG. TO THE SEVENTEENTH DAY OF AUGUST, A.D. 2000. FIG. TO THE SEVENTEENTH DAY OF AUGUST, A.D. 2000. FIG. TO THE SEVENTEENTH DAY OF AUGUST, A.D. 2000. FIG. TO THE SEVENTEENTH DAY OF AUGUST, A.D. 2000. FIG. TO THE SEVENTEENTH DAY OF AUGUST, A.D. 2000.

Edward J. Freel, Secretary of State

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AUTHENTICATION:

0626924

DATE:

08-18-00