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CAPITOL SERVICES d/b PARALEGAL & ATTORNEY	/a SERVICE BUREAU, INC.		
. (Requestor's Name)			
1406 Hays Street, Sui	te 2 <u> </u>		
(Address)	- (004) (56, 2002		
Tallahassee, FL 3230	1 (904) 656-3992 (Phone #)	OFFICE USE ONLY	
(City, State, Zip)	(Priorie #1		
		<b>70003</b> - -10/05/ ****15	4145271 70001067007 35.00 ****155.00
CORPORATION NAME(S)	& DOCUMENT NUMB	ER(S) (if known):	VID _
1. Intare CApi	tal Partners L	(Document #)	OO OCT +5 A
(Corporation Na	me)	(5000)	
2. (Corporation Na	me)	(Document #)	8 6 17
3.			20 A
(Corporation Na	me)	(Document #)	
4. (Corporation Na	ame)	(Document #)	
Walk in Pick up		Certified Copy	FILED -5 PM TARY OF ASSEE, F
Mail out Will w	ait Photocopy	Certificate of Status	1 1: 04 STATE
NEW FILINGS	AMENDMENTS		.5>
Profit	Amendment		
NonProfit	Resignation of R.A., Officer	/Director	
Limited Liability	Change of Registered Agent	:(M	(D) D'
Domestication	Dissolution/Withdrawal		00-2011
Other	Merger		
OTHER FILINGS	REGISTRATION/ QUALIFICATION	*	
Annual Report	Foreign		
Fictitious Name	Limited Partnership	<del>.</del>	
Name Reservation	Reinstatement	···	
		•	

Examiner's Initials

Trademark

Other

CR2E031(10/92)

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:  The name and the Florida street address of the registered agent and office are:	OCT -5 PM 1: 04 CRETARY OF STATE LAHASSEE, FLORIDA
NRAI Services, Inc. (Name)	
526 E. Park Avenue  Florida street address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301 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..

NRAL Services, Inc.

(Signature)
GERALDINE MIRANDO, 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)

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTARE CAPITAL PARTNERS 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 FOURTH DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTARE CAPITAL PARTNERS LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2000.

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

Edward J. Freel, Secretary of State

AUTHENTICATION: 0716450

DATE: 10-04-00

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