Address City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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1. CobNI	TIVE VENTU orporation Name)	INES GROUP	LLC	
2.	orporation ivame)	(Document #)	50000436 -06/06/01- ****130.0	-01067006 _ I
(Corporation Name)		(Document #)		
3(Co	orporation Name)	(Document #)	<u> </u>	
4(Cc	orporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·	
☐ Walk in☐ Mail out	Pick up time Will wait	Photocopy	☐ Certified Copy ☐ Certificate of Star	tus
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS		AMENDMENTS Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger REGISTRATION/QU Foreign	red Agent All ASS C	FILED 2001 JUN-6 AM 9:
Annual Repo		☐ Foreign ☐ Limited Partnershi ☐ Reinstatement ☐ Trademark ☐ Other	p J l	9: 42
			Examiner's Initial	s l

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, 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 (Duration: Year limited liability company will cease to exist or "perpetual") orida. (See sections 608.501, 608.502, and 817.155, F.S.) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having rustody 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: Signature of a member fran 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.)

Typed or printed name of signee

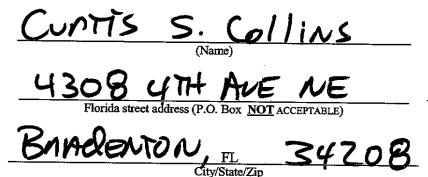
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:

COGNITIVE VENTURES GROUP, LLC

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



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

\$ 100.00 Filing Fee for Application

-\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

-\$ 5.00 Certificate of Status (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware

PAGE 1

Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COGNITIVE VENTURES GROUP, 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 THIRTY-FIRST DAY OF MAY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COGNITIVE VENTURES GROUP, LLC" WAS FORMED ON THE THIRTEENTH DAY OF DECEMBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1162042

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-- DATE: 05-31-01