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LAW OFFICES OF

## LUZIM & SLATKIN

AN ASSOCIATION OF PROFESSIONAL ASSOCIATIONS 9900 WEST SAMPLE ROAD, SUITE 400 CORAL SPRINGS, FLORIDA 33065

TEL: (954) 755-1500 FAX: (954) 757-9175

November 5, 2001

RONALD A. LUZIM, P.A.

Certified Family & Circuit Court Mediator Member of New York & Florida Bars Luzimlaw@AOL.com

SHELDON T. SLATKIN, P.A.

Member of Florida Bar Slatkin@ATTGLOBAL.net

500004570335---6 -17/07/01--01021--002 \*\*\*\*155.00 \*\*\*\*155.00

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

RE: Telekiosk LLC

To Whom It May Concern:

Enclosed please find the application for Registration of a Foreign Limited Liability Company to transact business in the State of Florida together with the Certificate of Designation of Registered Agent and original Certificate of Existence from the State of Delaware together with the appropriate filing fees covering filing fee, designation of Registered Agent, and Certified Copy.

Please process the enclosed at your earliest covenience to register this Foreign Limited Liability Company to transact business in the State of Florida and provide the undersigned with the appropriate Certified copies and other proofs in the enclosed self-addressed envelope. Your prompt courtesies and cooperation is sincerely appreciated.

Sincerely yours,

Ronald A. Luzim, P.A.

RAL/jrb

Enclosures as stated as above

FILED

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SECRETARY OF STATE
ALLARYSEF FI ORIDA

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) 3-23-01 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") UPON QUALIFICATION (Date first transacted business in Florida. (See sections 603.50), 608.502, and 817.155, F.S.) 1900 9900 (Street address of principal office) 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 9900 W. SAMPLE Rd #400 COND SPANGS FLI LUZIM 9900 W. SAMPLE PD #YOU CORK SPR. 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 contificate is in a foreign language, a translation of the certificate unxler oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: \_AU\_ CHOSEN ACTIVITIES Signature of a member or an authorized representative of a member. (in accordance with section 608,468(3), E.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Luzim ON ACD Typed or printed name of signee

IN COMPLIANCE WITH SECTION 608 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

## 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:	
TCLEKIOSK LLC	· · · · · · · · · · · · · · · · · · ·
2. The name and the Florida street address of the re	gistered agent and office are:
RONALD A	Luzim
(Nar	ne)
9900 W. SAM	REPORT ACCEPTABLE)  ALL # 400 . ALL ALL ALL ALL ALL ALL ALL ALL ALL A
Florida street address (P.O	
CORN SPRINGS	RETARY OF SILES
City	/State/Zip COSTA &
	RDF 2
Having been named as registered agent and to accep	t service of pracess for the above stated limited
this certification is the place designated in this certification	ncate. I hereby accept the appointment is to send on
. I see to not in this congoint I forther none	ee to comply with the provisions of all statutes
and complete performance of the	ny duties, and I am familiar with and decept the
obligations of my position as registered agent as pro-	vided for in Chapter 608, F.S
Jest Company of the C	-
(Signature)	<del></del>
	•
\$ 100.00 Fili	ng Fee for Application
\$ 25.00 Designation of Registered Agent	
\$ 30.00 Cer	tified Copy (optional)
\$ 5.00 Cer	tificate of Status (optional)

## State of Delaware Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TELEKIOSK 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 THIRTIETH DAY OF OCTOBER, A.D. 2001.

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

01 NOV -7 PM 8: 28
SECRETARY OF STATE
TAIL AUXSSEE EL DOIDA



Warriet Smith Windson, Secretary of State

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AUTHENTICATION: 1417136

- DATE: 10-30-01