

PLAN DESIGN

1521 Northeast 59th Court ■ Ft. Lauderdale, FL 33334 Ph: 954.267.0874 ■ Fax: 954.267.0875

www.Plan2Design.net

Office Use Only

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

	ation Name)	(Document #)	WOI -28595	
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DAY GIBINGS	AMIENDMIENTS			
Profit	Amendment			
NonProfit	Resignation of R.A., Offi	cer/ Director	•	
imited Liability	Change of Registered Ag	ent		
Domestication	Dissolution/Withdrawal		SE SE	
Other	Merger		DEC F	
OUTURALIBINGS.	REGISTRATIO		FILED 1 DEC 27 M 1: 04 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
Annual Report	Foreign		1.0F 1.0F 1.0F	
	Limited Partnership			
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ictitious Name	Reinstatement Trademark		mt 12/27	



Secretary of State

December 14, 2001

JOHN F. HART 1521 NORTHEAST 59TH COURT FT LAUDERDALE, FL 33334

SUBJECT: PLAN 2 DESIGN, LLC Ref. Number: W01000028595

We have received your document for PLAN 2 DESIGN, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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) 245-6097.

Michael Mays Document Specialist

Letter Number: 301A0006F7ARY 0F STATI

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: 2DESIGN (Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 9-12-01 2070 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida. (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 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.) 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.) JON HART 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:		
PLON 2 DESIGN, L.L.C.		<u>-</u> 2570
2. The name and the Florida street address of the registered agent and office are:	••	, <u></u>
JON JOSTER HART (Name)	·	e e e cuale su dest
Florida street address (P.O. Box NOT ACCEPTABLE) FT. LOUDERDOLE FL 33334 City/State/Zip	O1 DEC 27 M 1: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	T C C C C C C C C C C C C C C C C C C C
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the apportunity agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am fan accept the obligations of my position as registered agent as provided for in Chapter (Signature)	ointment as e provisions oj viliar with and	fall
\$ 100.00 Filing Fee for Application		

25.00 Designation of Registered Agent

Certificate of Status (optional)

30.00 Certified Copy (optional)

5.00

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 "PLAN 2 DESIGN, 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 SIXTEENTH DAY OF NOVEMBER, A.D. 2001.

O1 DEC 27 M 1: O4
SECRETARY OF STATE
TALL AHASSEE FLORINA



Darriet Smith Windson, Secretary of State

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AUTHENTICATION: 1452114

DATE: 11-16-01