

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	5		-1	0471 2/06/01- ****70.00	1670 -01047007) *****70.0
SUBJECT: AWARDS.CO	M LLC				
	(Name of corporation	n - must include suf	fix)	سەا	- 2 8015
Dear Sir or Madam:	/ 1.C	-			
The enclosed "Application by For "Certificate of Existence", and of to transact business in Florida.	oreign Garpantion for heck are submitted to r	Authorization to Tra egister the above ref	insact Busine Ferenced fore	ss in Florida ign corporati	ion
Please return all correspondence	concerning this matter	to the following:			
LAURIE MACKIN					
	(Name of	Person)			
EXECUTIVE SHOPPE		-			
	(Firm/Co	mpany)			
927 FERN ST			-		
	(Add	ress) (00000	1 4711 /26/01(67U2 1102007
ALTAMONTE SPRINGS	FL 32701-2742		**	***55.00	******55.00
	(City/State	and Zip code)			
For further information concern	ing this matter, please	call:		SECRETAI TALLAHAS	FIL 02 JAN-
LAURTE MACKIN (Name of Person)	at (<u>407</u> (Area) 578 -7003 Code & Daytime Te		RY OF STATE SEE, FLORID	-3 PM 8: 2
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on erations	A	inth 1/3
Enclosed is a check for the follo	owing amount:	-			
	3.75 Filing Fee & Certificate of Status	3 \$78.75 Filing Fee Certified Copy	C	7.50 Filing F ertificate of S ertified Copy	Status &



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

December 10, 2001

LAURIE MACKIN 927 FERN ST. ALTAMONTE SPRINGS, FL 32701-2742

SUBJECT: AWARDS.COM LLC Ref. Number: W01000028015

We have received your document for AWARDS.COM LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

A certificate of existence or a certificate of good standing, dated no more than 900 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 401A00064815

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:

AWARD. COM	(Name of foreign	n limited liability company)
DELAWARE Jurisdiction under the company is organized	ne law of which foreign limited liability d)	3. <u>22-3827941</u> (FEI number, if applicable)
AVGUST 200 (Date	of Organization)	5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
NOVEMBER (Date	2001 e first transacted business in Florida. (S	ee sections 608.501, 608.502, and 817.155, F.S.)
927 FERN	ST	
ALTAMONTE	SPRING FL 32701 (Street addre	ess of principal office)
If limited liabili	ty company is a manager-manage	ed company, check here
The name and u	sual business addresses of the ma	anaging members or managers are as follows: AN TILED AN SEE, FLORI
ejurisdiction under th		90 days old, duly authenticated by the official having custody of recopy is not acceptable. If the certificate is in a foreign language, a submitted.)
l. Nature of busin	ness or purposes to be conducted	or promoted in Florida: <u>CATALOG SALES OF</u>
AWARDS.		
	(In accordance with section 608.408(3)	authorized representative of a member.), F.S., the execution of this document constitutes erjury that the facts stated herein are true.)
	TOM SHIPLEY	

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:		
AWARDS.COM		_
2. The name and the Florida street address of the registered agent and office are:		
MIKE SELMAN (Name)		
927 FERN ST Florida street address (P.O. Box NOT ACCEPTABLE)	02 JAN -	<u> </u>
ALTAMONTE SPRINGS FL 32701 FLORE City/State/Zip	3 PM 8:2	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the province statutes relating to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 608, I	isions vith a	of all

\$ 100.00 \$ 25.00	Filing Fee for Application Designation of Registered Agent
\$ 30.00 \$ 5.00	Certified Copy (optional) Certificate 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 "AWARDS.COM, 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 NINTH DAY OF NOVEMBER, A.D. 2001.

02 JAN -3 PN 8: 27
SECRETARY OF STATE



Warriet Smith Windson, Secretary of State

3425420 8300

010566118

--AUTHENTICATION: 1437826

DATE: 11-09-01