

0200000344

ACCOUNT NO.

072100000032

REFERENCE

461364 7292690

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: February 7, 2002

ORDER TIME: 10:02 AM

ORDER NO. : 461364-005

CUSTOMER NO: 7292690

400004899064--8

CUSTOMER: Mr. Michael Cormier Mr. Michael Cormier 23 Iroquois Road

West Hartford, CT 06117

FOREIGN FILINGS

NAME:

PERCEPTIVE VISIONS, LLC.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

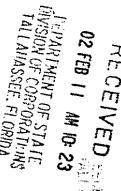
CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson -- EXT# 1155

EXAMINER:



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: PERCEPTIVE VISIONS LLC (Name of foreign limited liability company) DELAWARE Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpennal") (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) (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: 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 cartificate is in a foreign language, a translation of the certificate under cath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida:

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.)

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:				
PERCEPTIVE VISIO	DNS, LLC.			
2. The name and	the Florida street address	s of the registere	d agent and office are:	
	Corpor	ation Service	Company	
(Name)				
	1201 Hays Street			
_	Florida street ad	ldress (P.O. Box <u>N</u>	OT ACCEPTABLE)	
	Tallahassee	FI.	32301	
_	(City/State/Zip)		
77 . 7	7	*.	C C .7 7	7.7
•		-	ce of process for the above	
			I hereby accept the appoir agree to comply with the p	
	-		agree to compty with the p my duties, and I am famil	•
_			provided for in Chapter 6	
			r v v r	
Geo	rga Byron J(Signature) JGeorg) ia Byron, As	sistant Vice Presid	ent
	•			
	\$ 100.00	Filing Fee fo	or Application	
	\$ 25.00) Designation	of Registered Agent	

Certified Copy (optional) 5.00 Certificate of Status (optional)

\$ 30.00

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERCEPTIVE VISIONS 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 EIGHTH DAY OF FEBRUARY, A.D. 2002.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERCEPTIVE VISIONS LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2001.





Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1603480

DATE: 02-08-02

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