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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Number : 075201001473 : (561)650 -7900

Phone

Fax Number : (561)655 -6222 .

PLEASE FAX TO BETH GDANSKI IN THE BOCA OFFICE: (561) 994-8898

Client # 38152.010000

FOREIGN LIMITED LIABILITY COMPANY

TREASURE COAST VENTURE CONSULTING LUC

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 17, 2002

GREENBERG TRAURIG

SUBJECT: FREASURE COAST VENTURE CONSULTING LLC REF: W02000014615

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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) 245-6020.

Tammi Cline Document Specialist

FAX Aud. #: Letter Number: 502A00031815

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

DZ MAY 20 ATTO: 15 SECKETAKY MIZSTATE

AID

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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 LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TREASURE COAST VENTURE	(Name of foreign fir	nited liability c	ompany)		
Nevada	. 3.	N/A			
Jurisdiction under the law of which for company is organize	reign limited liability		(FEI number, if a	pplicable)	
8/8/2000	5.	perpe	tual		
(Date of Organization)		(Duration:	Year limited liabili exist or "perpet		ease to
Upon filing of Certific	ate of Authority	from the	Florida Depa	rtment of S	tate
(Date first transacted	ousiness in Florida. (See s	sections 608.50	1, 608.502, and 81	7.155 , F .S.)	
6496 N.W. 31st Way		•			
Boca Raton, FL 334	96				
	(Street address of	of principal offi	œ) [.]		
If limited liability company is	a manager-managed (company, che	eck here 🗵		SCI
The name and usual business	ddresses of the mana	ging membe	rs or managers :	are as follows:	
ROBERT W. ADE, Manag	er				35
6496 N.W. 31st Way					
Boca Raton, FL 334	96				<u> </u>
					D/2
Attached is an original certificate of e the jurisdiction under the law of white translation of the certificate under or	hitis organized (Aphoto	copy is not acco			
1. Nature of business or purpos	es to be conducted or	promoted in	Florida: <u>co</u>	osulting ser	rvices
	n Ade	, membe	r .		
(In accordanc	of a member or an autowith section 608.408(3), F. a under the penalties of period	S, the execution	of this document co	nstitutes	
	obert W Ade			•	

Typed or printed name of signee

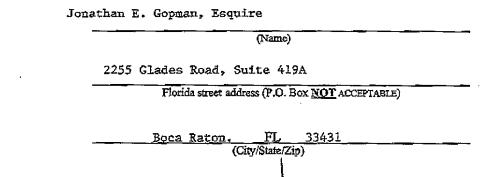
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

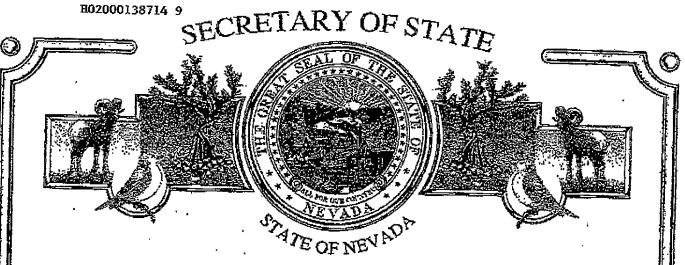
1.	The name of the Limited Liability Company is:	
	TREASURE COAST VENTURE CONSULTING LLC	

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.

\$ 100.00 Hilling Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) 12 WHO: 15



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, TREASURE COAST VENTURE CONSULTING LLC, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 8, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevade, on May 14, 2002.

DEAN HELLER Secretary of State

Certification Clerk



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