ACCOUNT NO. : 072100000032 REFERENCE: 761005 7184128 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: September 26, 2002 ORDER TIME : 10:05 AM ORDER NO. : 761005-015 800008077458--3 CUSTOMER NO: 7184128 CUSTOMER: Ms. Leah Parisian Metaton, Llc P.o. Box 641 Locust Valley, NY 11560-0641 FOREIGN FILINGS NAME: METATON, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Darlene Ward -- EXT# 1135 EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	H SECTION 608.503, FL DMPANYTOTRANSACTI		. FOLLOWING IS SUBMITTE. EOFFLORIDA:	D IO KEGISIEK .	A FURLIGIV
				01, 10	30 A
1. 140 11110	(1	Name of foreign limited l	iability company)	1/0	~% _ (<
2. DELA	WARE	3.	11-3428003	All	2 Pa
(Jurisdiction under to	ne law of which foreign l mpany is organized)	imited liability	(FEI number, if app	licable)	A FOREIGN
4. 10 10 (Date	2000 of Organization)	5. <u>(D</u>	u PEPETUA uration: Year limited liability exist or "perpetua	company will cease")	TOPO AND
6. 11 1 Dat	LOOZ le first transacted busines	s in Florida. (See section	s 608.501, 608.502, and 817.1	55, F.S.)	
DER	M BEACH, F	2 33444 (Street address of prin	cipal office)		
	ty company is a man				
9. The name and u	sual business addres	ses of the managing	members or managers are	as follows:	
ALEXANDE	25HOGIZEN -	12 SHOTER LA	ME, LOCUSTUALLE	=/ , NY 115 L	<u>o</u> _
					
the jurisdiction und		organized. (A photocopy i	ld, duly authenticated by the off is not acceptable. If the certifica tted.)		
11. Nature of busi	ness or purposes to b	e conducted or pron	noted in Florida: HOLD	NOG. COMP	enj-
SUBSIDIA	υ γ :	2	-		
	1/12				
	Signature of a m	ember or an authoriz	ed representative of a me	mber.	
	(In accordance with se	ection 608.408(3), F.S., the	execution of this document const the facts stated herein are true.)	itutes	
	ALEX ANDE		•	··- 	
	T	yped or printed nam	e 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: METATON, LLC	ON THE STATE OF TH
2. The name and the Florida street address of the registered agent and office	ce are:
Corporation Service Company (Name)	
Florida street address (P.O. Box <u>NOT</u> ACCEPTABLE)	
Tallahassee FL 32301 (City/State/Zip)	

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.

Meary Dyren (Signatufe)

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "METATON, 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "METATON, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





AUTHENTICATION: 2005075

020599933

3041615 8300

DATE: 09-26-02