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Ė	ACCOUNT NO.	: 0721000000	032	02 OCT
	REFERENCE	: 762793	7170319	
	AUTHORIZATION	Patrici	Part	2 PM 2 PM 3XY OF 5XEE,
	COST LIMIT	: \$ 125.00		F STA
ORDER DATE	: September 27, 20	02		DA S
ORDER TIME	: 9:40 AM			
ORDER NO.	: 762793-005	•		
CUSTOMER NO:	: 7170319		70000	8151377
	Mr. Orville E. Saun Des Ventures, Inc. 10200 Nw 5th Street			
I	Pembroke Pines, FL	33026	··-	AL
	<u>FORE</u> IGN F	<u>ILINGS</u>	-	
NAME:	OES VENTURES,	LLC		02 OCT -2 DIVISION OT COR
	CICATION (TYPE: <u>C</u>			-2 AM ID: 24 CORPORATION
DIESACE COMMIT	'N THE FOLLOWING AS	PROOF OF FILI	NG:	10H
PLEASE REIUR				

EXAMINER:

#### 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: 1. OES VENTURES, LLC (Name of foreign limited liability company) (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 6200 NEWSON ST Penbroke Pines F1 33026 (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 10200 NW 5TH STREET, PEMBROKE PINES. 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.) 11. Nature of business or purposes to be conducted or promoted in Florida: Jedology + Enblowers 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

Charle Eusen Sanders

### 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:			
OES_VENTURES, LLC			_
2. The name and the Florida street address of the registered agent and office are:			
Corporation Service Company (Name)	SECKLTARY O TALLAHASSEE	02 OCT -2	프
Florida street address (P.O. Box NOT ACCEPTABLE)		84 11 Md	.EO
Tallahassee FL 32301 (City/State/Zip)	ATE )RIDA 	œ	

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.

(Signature)

\$ 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 "OES VENTURES, 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-SEVENTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OES VENTURES, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 1998.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2007466

DATE: 09-27-02

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