

10: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

M0200002758

10/15/02

I just finished speaking with your office @ 1850-245-6051. Please accept the following documentation, and money to file LLC status in the State of Florida.

500008452435--9  
-10/18/02--01065--009  
\*\*\*\*125.00 \*\*\*\*125.00

- 1) Original Copy of "Good Standing" from Delaware on Data Mapping & Imaging LLC.
- 2) Application by foreign LLC to transact business in Florida.  
(\*100.00 filing fee for application)
- 3) Certificate of Designation  
of "Registered Agent" (25.00 filing fee)
- 4) \*125.00 Check to Cover both filing fees.

AL

FILED  
02 OCT 18 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sincerely,

Timothy W. Dolez Th.D.  
Registered Agent, DMI, LLC.

DATA MAPPING & IMAGING LLC  
2708 ALT. 19 N. Suite 602  
Palm Harbor, FL 34683

C: 727-656-4575

B: 727-784-7567

FAX: 727-785-3019

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. DATA Mapping and Imaging LLC  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 59-3682028  
(FEI number, if applicable)
4. September 13th, 2000  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will exist or "perpetual")
6. No transactions to date  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2708 ALTERNATE 19 North Suite 602  
Palm Harbor FL 34683  
(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:

Co-Chairs Timothy N. Daley Ph.D. 2708 ALT 19 NORTH  
Thomas R. Buonomo M.S. Suite 602  
Palm Harbor FL 34683

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: Internet Consulting

Business - Vocational Career Assessment

Timothy N. Daley Ph.D.  
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.)

Timothy N. Daley Ph.D.  
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:

DATA Mapping and Imaging LLC

2. The name and the Florida street address of the registered agent and office are:

Timothy N. Daley Ph.D. (Registered Agent)  
(Name)

2708 ALT 19 North, Suite 602

Florida street address (P.O. Box **NOT** ACCEPTABLE)

PRIme Harbor FL 34663  
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..*

Timothy N. Daley Ph.D.  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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02 OCT 18 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

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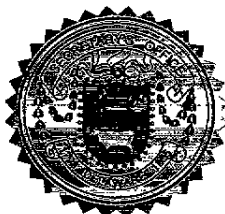
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DATA MAPPING AND IMAGING 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 SEVENTH DAY OF OCTOBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DATA MAPPING AND IMAGING LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2000.

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

FILED  
02 OCT 18 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2022952

DATE: 10-07-02