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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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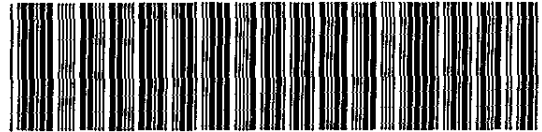
Certificates of Status

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FILED

03 FEB -7 AM 8:59

FILED
FEB 7 2003
TUSCADA

February 3, 2001

Degree Network, LLC
116 Cypress Way East
Unit G 1
Naples, Florida 34110
Tel. 239.513.0767
Email: Peter@degreenetwork.com

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re Application of Foreign LLC to Transact Business in Florida

Dear Sir/Madam:

Enclosed please find the completed application, certificate of designation of registered agent and Nevada certificate of existence with status in good standing (original). Also enclosed is a check in the amount of \$130.00 for the filing fee, Designation of agent fee and for a certificate of status (non certified).

Please feel free to contact me should you have any questions concerning this application.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter J. Loughlin", written in a cursive style.

Peter J. Loughlin
Member/Manager

**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. Degree Network, LLC
(Name of foreign limited liability company)
2. Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 11-3644115
(FEI number, if applicable)
4. Nov. 27, 2000
(Date of Organization)
5. Nov 27, 2030
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 116 Cypress Way East, Unit G1
Naples, FL 34110
(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:

Peter J. Loughlin - 116 Cypress Way East, Unit G1, Naples, FL 34110
Ewa Loughlin - 116 Cypress Way East, Unit G1, Naples, FL 34110

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: Publishing

Peter J. Loughlin
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.)

Peter J. LOUGHLIN
Typed or printed name of signee

FILED
03 FEB -7 AM 8:59
TALLAHASSEE, FLORIDA

**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:

Degree Network, LLC


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

Peter J. Loughlin
(Name)

116 Cypress Way East - Unit G1
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Naples FL 34110
(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.


(Signature)

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

SECRETARY OF STATE



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, non-profit corporations, corporation soles, 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, **DEGREE NETWORK, 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 November 27, 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, Nevada, on January 30, 2003.



A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER
Secretary of State

By

A handwritten signature in cursive script, likely belonging to the Certification Clerk.

Certification Clerk