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(Requestor's Name)	_
(Address)	_
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(Address)	_
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
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Office Use Only (1) B W 31 834 NOISING	
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M03-554

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dickrestrom	LLC					
		<u> </u>		<u> </u>		
			Art of Inc. File LTD Partnership File			
			Foreign Corp. File			
			L.C. File	_I_	ස	
			Fictitious Name File	A S	03 FEB	
			Trade/Service Mark	ASSI	=	FILED
			Merger File	inc.	PH	C)
			Art. of Amend. File		••	-
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			Dissolution / Withdrawal	<u> </u>	-	
		\	Annual Report / Reinstatement			
			Cert. Copy			
		<u> </u>	Photo Copy			. •
		<u>.</u> _	Certificate of Good Standing			
			Certificate of Status		-	
		_	Certificate of Fictitious Name			
		<u> </u>	Corp Record Search			
			Officer Search			,
	,		Fictitious Search	_	•	
Signature			Fictitious Owner Search			
5		<u> </u>	Vehicle Search		5	
			Driving Record	-		
Requested by:	alulas o.	_	UCC 1 or 3 File	_		
Name	Date Time	 	UCC 11 Search	-		
			UCC 11 Retrieval			
Walk-In	_ Will Pick Up		Courier	•		

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.

WIDERSTROM LLC	ÄLL	03
2. The name and the Fiorida street address of the registered agent and office are:		TE
2. The name and the Florida street address of the registered agent and office are: JAMES. B: MCMENAMY (Name) 7980 Summer LIN LAKES Dr. Ste. Florida street address (P.O. Box NOT ACCEPTABLE) FOR MUTAGE 33907	TARY I	OSFEB (4 P)
(Name)	7	=
7980 Summerlin Lakes Dr. Ste.	287	1:12
Florida street address (P.O. Box NOT ACCEPTABLE)	Þ	
18/21 119E/C3 FL 33/01		
City/State/Zip		

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.,

(Signaturo)

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WIDERSTROM, 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 TWELFTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WIDERSTROM, LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Varriet Smith Hindson
Harriet Smith Windson, Secretary of State

DATE: 02-12-03

AUTHENTICATION: 2255590

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