

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:

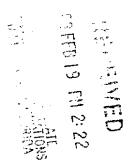
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SECRETARY OF STAT FALLAHASSEE, FLORI



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CAPITAL CONNECTION, INC.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Intervest	- UC	TALLAHASSEE, FLORIDA
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
C:		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
-	W <u>1919 </u>	UCC 11 Search
Name	Date Tim	e UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

大量的一点,你<mark>我们我们的时候,你会就要你,我们也是我们的,我们</mark>我的人,我们就是我们的人,我们就是我们的人,我们们的人,我们就是这个人的事故的,是这么一个人,我们

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62/	19/03				exist or "perpe	·			
	(Date fi	irst transacted bu	siness in Florida	a, (See sect	ions 608.501, 6	508.502. a ⊓	id \$17.155	, F S.)	
7. 61	0 N. Ro	oute 31,	Ste. A.,	Cryst	al Lake	, IL	60012		
	····		(Street ac	ddress of pr	incipal office)			· · · · · · · · · · · · · · · · · · ·	
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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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03 FEB 19 AM 1:

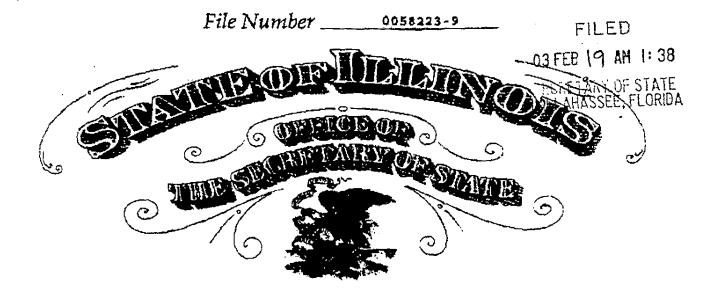
PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE YOF ST. UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENTS SEE, FLO TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	,
1. The name of the Limited Liab	lity Company is:
Intervest, L.I	.c.
2. The name and the Florida stree	et address of the registered agent and office are:
Harold	l S. Bskin
	(Name)
1420 \$	E 47th St.
Florid	a street address (P.O. Box NOT ACCEPTABLE)
Cape	
1	City/State/Zip
1	
liability company at the place design agent and agree to act in this capa relating to the proper and complete	igent and to accept service of process for the above stated limited mated in this certificate. I hereby accept the appointment as registered city. I further agree to comply with the provisions of all statutes a performance of my duties, and I am familiar with and accept the ered agent as provided for in Chapter 608, F.S.

\$ 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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(Signature)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

INTERVEST, L.L.C., EAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 26, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILTING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Te	stimony V	Vhere	0f, I, hereto set
my hand an	d cause to be af	fixed the	Great Seal of
the State of	Illinois, this _		19TH
day of	FEBRUARY	A.D.	2003

Desse White