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(Requestor's Name)

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(City/State/Zip/Phone #)

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2003 MAR 24 PM 4:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W03-6888
J. BRYAN MAR 11 2003

J. BRYAN MAR 25 2003



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 11, 2003

JULIE A. SHOVER, PARALEGAL
BRENNAN, MANNA & DIAMOND, LLC
75 E. MARKET STREET
AKRON, OH 44308

SUBJECT: ASSOCIATED CONSULTING SERVICES, LLC
Ref. Number: W03000006888

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TALLAHASSEE, FLORIDA

We have received your document for ASSOCIATED CONSULTING SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

We retained your certificate form Delaware in our office.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 503A00015229



BRENNAN, MANNA & DIAMOND, LLC
ATTORNEYS & COUNSELORS AT LAW

Lewis W. Harper
Telephone Number: 904-366-1500
Direct Telefax Number: 904-366-1501
E-Mail Address: lwharper@bmdllc.com

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2003 MAR 24 PM 4:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 3, 2003

Florida Secretary of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314


RE: Associated Consulting Services, LLC

Dear Sir or Madam:

Enclosed herewith please find an Application for the above-referenced entity to transact business in Florida, along with a check in the amount of \$125.00 for the filing fee. Please file the same and return any receipts and/or certificates to me.

Thank you for your time and attention to this matter. Please contact me if you have any questions.

Very truly yours,

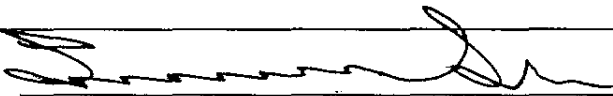

Julie A. Shover
Paralegal

**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. Associated Consulting Services, LLC
(Name of foreign limited liability company)
2. State of Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. 5-22-2000
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease exist or "perpetual")
6. Upon Filing of this Application
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1500 Corporate Center Way, Suite 203
Wellington, FL 33414
(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:
Lawrence Rybka 1500 Corporate Center Way, #203, Wellington, FL 33414

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: Consulting



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.)

Lawrence Rybka

Typed or printed name of signee

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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:

Associated Consulting Services, LLC

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

Bob Bloomfield

(Name)

1601 North Palm Ave, Suite 203

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

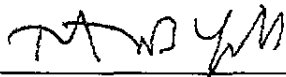
Pembroke Pines

FL

33206

(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)

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TALLAHASSEE, FLORIDA

Delaware

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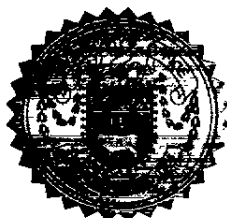
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSOCIATED CONSULTING SERVICES, 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 THIRD DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASSOCIATED CONSULTING SERVICES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2000.

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

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TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3232210 8300

AUTHENTICATION: 2285006

030139199

DATE: 03-03-03