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SMA Alliances Monarch Plaza 3414 Peachtree Rd., NE #1020 Atlanta, Georgia 30326				
(City/State/Zip	/Phone #)			
PICK-UP W	AIT MAIL			
(Business Ent	ity Name)			
(Document No	ımber)			
Certified Copies Cert	ificates of Status			
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FILED

SECRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 608.50B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) 12-30-02 (Date of Organization) NONE TO DATE (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) SUITE 1020 (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; SEE ATTACHED SHEET 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: SALE OF COLI BOLI 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.)

Typed or printed name of signee

June 26, 2003

Florida

Application by Foreign Limited-Liability Company for Authorization to Transact Business in Florida

Addendum:

Question 9 Names and Addresses of each Manager:

Richard E. Magner	3414 Peachtree Road Suite 1020 Monarch Plaza Atlanta GA 30326	- C	03]
Thomas E. Miller	2601 Main Street Suite 750 Irvine, CA 92614	LA ASSI	Jul 1	
Guerry P. Magidson	3414 Peachtree Road Suite 1020 Monarch Plaza Atlanta GA 30326	SE STATE	\$ \$	
Stephen R. Roy	3414 Peachtree Road Suite 1020 Monarch Plaza Atlanta GA 30326	₽m 2 m	00]

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:			
SMA ALLIANCES, LLC	 		
2. The name and the Florida street address of the registered agent and office are:			
ROB COLEMAN	<u> 246</u>	03	
(Name)		يَا	111
5215 W. LAUREL STREET SUITE 210	11.	<u></u>	固
Florida street address (P.O. Box NOT ACCEPTABLE)	FL081	₹ 69	8
TAMPA FL 33607 (City/State/Zip)	DA C	(C) (S)	
(Chip Suita 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

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0301148
DATE INC/AUTH/FILED: 12/30/2002
JURISDICTION : GEORGIA
PRINT DATE : 05/19/2003

FORM NUMBER : 211

MAGNER.NETWORK, LLC WILLIAM J. COHEN 3414 PEACHTREE ROAD SUITE 1020 MONARCH PLAZA ATLANTA, GA 30326

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date S

A GEORGIA LIMITED LIABILITY COMPAN

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above of was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation of any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State