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SECKLIARY OF STATE
ALLAHASSEE, FLORID

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: POINT OF VIEW, LLC (Name of	Limited Liability Company)
The enclosed Application by Foreign Limited Liability Company for Au fee(s) are submitted for filing.	thorization to Transact Business in Florida, Certificate of Existence, and
Please return all correspondence concerning this matter to the following	: - :
MARCUS J. WOLF, CPA (Name of Person)	
WOLF & TAUNTON, P.C. (Firm/Company)	03 NOV 24 SECKLTAR ALLAHASS
P.O.BOX 230042 (Address)	AN III SA
MONTGOMERY, AL 36123-0042 (City/State and Zip Code)	

For further information concerning this matter, please call:

(Name of Person)

MARCUS J. WOLF

at 334-244-8900 EXT. 207

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 -MAILING ADDRESS:

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

CR2E027(10/02)

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATŪTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	POINT OF VIEW, LLC	; ·	a Bag g at w		<u></u>	
	(Name of foreign	n limit	ed liability company)			·
2.	ALABAMA	3.	APPLIED			
	(Jurisdiction under the law of which foreign limited liabili company is organized)			number, if ap	plicable)	n <u>y</u> Shaquara
4.	11/14/03	5_	PERPETUAL			
	(Date of Organization)	:	(Duration: Year limit exist or "perpetual")	ed liability co	mpany will	cease to
6.	11/14/03					
	(Date first transacted business in Florida.	(See s	ections 608.501, 608.50	2, and 817.15	5,¿F.S.)	<u>.</u>
7.	8500 WESTHAMPTON COURT	}		<u> </u>	3 10	
	MONTGOMERY, AL 36117			) i i i i i i	V 21	S-200gs
	(Street addre	ess of	orincipal office)	13.3	S E	m
8.	If limited liability company is a manager-managed	comp	pany, check here		MII: 58	Ö
9.	The names and usual business addresses of the ma	nagin	g members or mana	gers are as		
	N/A	}	<u></u>	K-		
		} .\.\.		t.		·
		:				4 <u>6 a 25</u>
		}				=
havir accej must	Attached is an original certificate of existence, no age custody of records in the jurisdiction under the ptable. If the certificate is in a foreign language, a to be submitted.)	law o	f which it is organize ation of the certificat	ed. (A photo e under oat	ocopy is not the to	ot ranslator
11. 1	Nature of business or purposes to be conducted or	prom	oted in Florida: AEZ	11 BOTAL	E KERAT.	<u> </u>
	x Alors	ļ.		·		_
	Signature of a member of an auti (In accordance with section 608.408(3), F.S an affirmation under the penalties of perjury	., the e	xecution of this document	constitutes		
	· · · · · · · · · · · · · · · · · · ·	BER		<del></del>		ķ <del></del>
	Typed or printe	d nar	ne of signee			

### 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.

POINT OF VIE	W, LLC		- =		••
2. The name and the	Florida street address of the reg	sistered agent and o	office are:	03 NOV	
	ALEX MCGRAW	}		AHAS	
		(Name)		38.4	
	2460 W. HIGHWAY 30-A	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	Florida street address (	P.O. Box NOT ACCE	PTABLE)		U
				58 700	
	SANTA ROSA BEACH	FL	32459	<i>&gt;</i> -	
	Ci	itu/State/7in			

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.

-**-**-----

1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Point of View, LLC organized in the office of the Judge of Probate of Montgomery County on November 14, 2003. I further certify that the records do not disclose that said Point of View, LLC has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

11/20/03

Date

Nancy L. Woyley

ney 8. Marley Secretary of State