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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

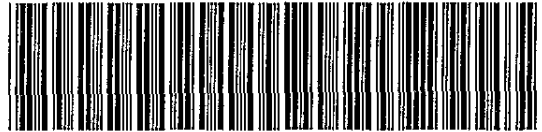
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\*Admitted in NY, NJ and CT

VIA FEDERAL EXPRESS

December 18, 2003

Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

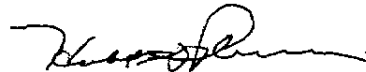
Re: Qualification of Wacon, LLC

Dear Sir or Madam:

Enclosed for filing please find a completed application for authority to transact business in Florida for Wacon, LLC, a New York Limited Liability Company. Also enclosed please find a check in the amount of \$160.00 representing the fees for the application, designation of registered agent and requests for one certified copy and one certificate of status.

Thank you for your attention and please don't hesitate to contact the undersigned if you have any questions or need any additional information.

Very truly yours,



Hubert G. Plummer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

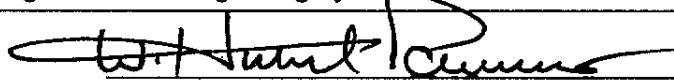
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

1. Wacon, LLC  
(Name of foreign limited liability company)
2. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 16-1682387  
(FEI number, if applicable)
4. July 7, 2003  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Not as of this date  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1601 Johns Lake Rd. Apt 1033  
Clermont, FL 34711  
(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:
- W. Hubert Plummer, 77 Arkay Drive, Hauppauge, NY 11788
- Tom Peashey, 1060 Spencerport Rd, Rochester, NY 14606
- Marcel Helou, 7 Dana Place, West Caldwell, NJ 07006

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: Facility management  
and leasing of electronic gaming systems



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.)

W. Hubert Plummer

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**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:

Wacon, LLC

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

Jason Butcher  
\_\_\_\_\_  
(Name)

1601 Johns Lake Rd, Apt 1033  
\_\_\_\_\_  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

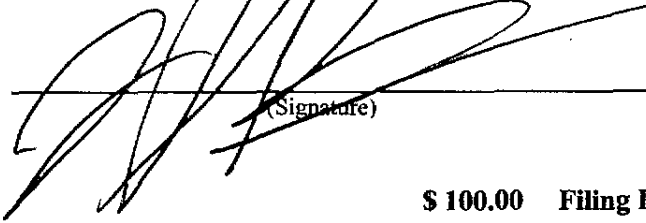
Clermont FL 34711  
\_\_\_\_\_  
(City/State/Zip)

STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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*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)

**State of New York } ss:  
Department of State**

*I hereby certify, that WACON, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/07/2003, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 24th day of November  
two thousand and three.*

A handwritten signature in black ink, appearing to read "R. A. DeSantis", is written over a horizontal line.

*Secretary of State*