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

Office Use Only



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SECTABLE FOR STATE
TALLAMASSEC, FLORIDA

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

February 11, 2004

Dear Sirs:

Please find enclosed the documents increasing to register my single-member Delaware LLC, such that it can transact business in Flonda as a freign limited liability company. Additionally, you will also find enclosed a Certificate of Existence and Good Standing from the State of Delaware, as well as my these for \$125.00, which I understand is the fee for this service.

Thank you be your kind attention to this matter.

Sincerely May 1 Spire

BERND POGUNTKEN

ANALOG CONSULTING SERVICES LLC 5423 NORTH BAY ROAD MIAMI BEACH, FL. 33140

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

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	ANALOG CONSULTING SERVICES LLC
	(Name of foreign limited liability company)
2	DELAWARE urisdiction under the law of which foreign limited liability company is organized) 3. 54- 214 0234 (FEI number, if applicable)
(1)	company is organized)
4	NOVEMBER 12, 2003 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to
	NOVEMBER 12, 2003 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6	FEBRUARY 1 2 00 L (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7	5423 NORTH BAY ROAD
	MIAMI BEACH, FL. 33140 (Street address of principal office)
	(Street address of principal office)
8. I	f limited liability company is a manager-managed company, check here
9. 1	The name and usual business addresses of the managing members or managers are as follows:
	MR. BERND POGUNTKE
_	5423 NORTH BAY ROAD
	MIAMI BEACH, FL. 33140
_	——————————————————————————————————————
1	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.)
	Nature of business or purposes to be conducted or promoted in Florida: LONSULTING TO
7	HE MARINE INDUSTRY
	Day Porce
	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.)
	BERND POSUNTKE
	Typed or printed name of signee
	V1 1

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:

ANALOG CONSULTING SERVICES LLC

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

MR. BERND POGUNTKE (Name)

5423 NORTH BAY ROAD

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

MIANI BEACH, FL 33140

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional) 5.00

Delaware PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANALOG 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 FOURTH DAY OF FEBRUARY, A.D. 2004.



Darriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2911440

DATE: 02-04-04

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