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Sp

Acticomm Associates
PO Box 512711
Punta Gorda, FL 33951-2711

Acticomm Associates, LLC

February 24, 2004

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Dear Sir or Madam:

Please except this application to register a Foreign Limited Liability Company to transact business in Florida. Please mail correspondence to PO Box 512711, Punta Gorda, FL 33951-2711.

Sincerely,

Joseph Fiorini
Registered Agent

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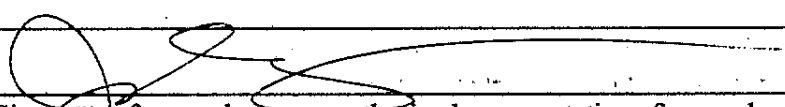
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. Acticomm Associates LLC
(Name of foreign limited liability company)
2. State of Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-0651059
(FEI number, if applicable)
4. 01/23/04
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 02/01/04
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3028 Caring Way, Unit 4
Port Charlotte, FL 33952
(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:
Joseph Fiorini 3028 Caring Way, Unit 4, Port Charlotte, FL 33952

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: Consultation



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.)

Joseph Fiorini

Typed or printed name of signee

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DIVISION
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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:

Acticomm Associates, LLC

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

Joseph Fiorini

(Name)

3028 Caring Way, Unit 4

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

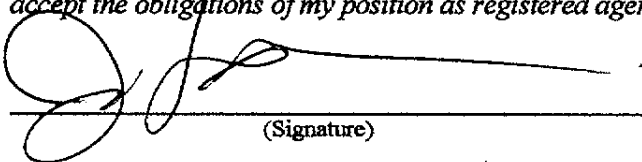
Port Charlotte

FL 33952

(City/State/Zip)

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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)

Delaware

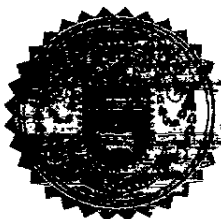
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "ACTICOMM ASSOCIATES LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2004, AT 8:47 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACTICOMM ASSOCIATES LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2004.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3756081 8100

AUTHENTICATION: 2896915

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DATE: 01-29-04