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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: ENTITY DIRECTION NETWORK, LLC		
(Name of Limited Liability Company - must include suffix)		-
Dear Sir or Madam:		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transactin Florida", "Certificate of Existence", "Certificate of Designation of Registered Agent" and chould be submitted to register the above referenced foreign Limited Liability Company to transact busing	eck are	
Please return all correspondence concerning this matter to the following:		
ERIC COLLINS	-	
(Name of Person)		-
ENTITY DIRECTION NETWORK, LLC		_
(Firm/Company)		
40 S. PINEAPPLE AVENUE, SUITE 200	\$	SE SE
(Address)	*	<u></u>
SARASOTA, FLORIDA 34236	2	
(City/State and Zip code)		
For further information concerning this matter, please call:	M 7:44	PESTATE PERATION
ERIC COLLINS at (941) 232-3120		(A) (
(Name of Person) (Area Code & Daytime Telephone Number)	_	

STREET ADDRESS:

TO: Registration Section

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$100.00 Filing Fee for Application
 ■

☑\$ 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ENTITY DIRECTION NETWORK, LLC.	
(Name of foreign limited liability company)	
2. NEVADA 3. 20-0754978	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. FEBRUARY 3, 2004 5. PERPETUAL	
(Date of Organization) (Duration: Year limited liability company will be company will company will be co	ase to
6. UPON FILING	
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. 40 S. PINEAPPLE AVENUE, SUITE 200	
SARASOTA, FLORIDA 34236	
(Street address of principal office)	2
8. If limited liability company is a manager-managed company, check here 🗸	O4 MAR -8
2. The name and usual business addresses of the managing members or managers are as follows:	₹ -8
TITAN ASSET GROUP, INC MANAGER	<u> </u>
101 CONVENTION CENTER DRIVE, SUITE 700, LAS VEGAS, NEVADA 89109	4 7: 14.
ERIC COLLINS & ROBERT STRELEC - MEMBERS	SNOTE S
40 S. PINEAPPLE AVENUE, SUITE 200, SARASOTA, FLORIDA 34236	
10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custo the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign la 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:	
ASSET PROTECTION CONSULTING	·
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

ERIC COLLINS

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

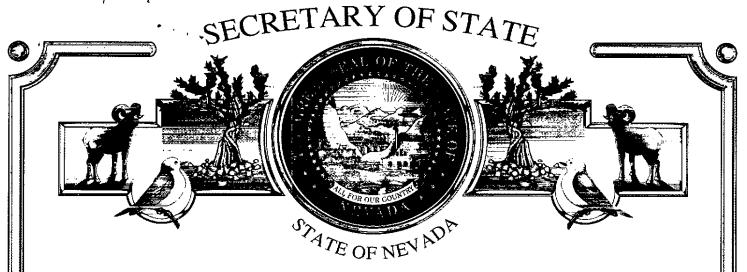
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:		
ENTITY DIR	ECTION NETWORK, LLC		
2. The name an	d the Florida street address of the registered agent and office are:		
	ERIC COLLINS		<u> </u>
	(Name)	140	SEC
	8389 WINGATE DRIVE, UNIT 2322	O4 MAR -	RETA
	Florida street address (P.O. Box NOT ACCEPTABLE)	ထ်	
	SARASOTA FL 34238	ያነ ነነ ተ	DE STA
	(City/State/Zip)	44	TIONS

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)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate?

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ENTITY DIRECTION NETWORK, LLC., as a limited-liability company duly organized under the laws of NEVADA and existing under and by virtue of the laws of the State of Nevada since February 3, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Las Vegas, Nevada, on **February 3, 2004**.

DEAN HELLER
Secretary of State

Certification Clerk

