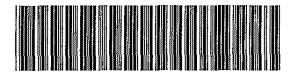
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(Requestor's Name)
(Address)
. ,
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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March 12, 2004

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

To Whom It May Concern,

Please find enclosed the Application By Foreign LLC for Authorization to Transact Business in Florida form along with the Certificate of Designation of Registered Agent, Certificate of Good Standing from the State of Delaware and check to cover the fees.

The amount of the check will cover the cost of the Filing Fee, Designation of Registered Agent, a request for a certified copy and also a certificate of status.

If you have any questions, please feel free to call me at 727-424-6691. Thank you for your assistance in this matter.

Sincerely,

Rosalind Singh Managing Member

Best Practice Implementations LLC

128 Harbor Drive

Palm Harbor, FL 34683

FILED PM 12: 44
2004 MAR 15 PM 12: 44
2004 MAR 15 PM 12: 44
2004 MAR 15 PM 12: 44

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

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

Best Practice Implementations LLC	
(Name of fo	reign limited liability company)
State of Delaware	3. 20-0614298
Jurisdiction under the law of which foreign limited liab company is organized)	oility (FEI number, if applicable)
12/04/2003	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
01/15/2004	outside proposate,
(Date first transacted business in Florid	a. (See sections 608.501, 608.502, and 817.155, F.S.)
128 Harbor Drive	
Palm Harbor, FL 34683	
(Street a	ddress of principal office)
If limited liability company is a manager-mar	ddress of principal office)  naged company, check here  e managing members or managers are as follows:
The name and usual business addresses of the	e managing members or managers are as follows:
Rosalind Singh - 128 Harbor Drive, Pal	m Harbor, FL 34683
Anil Singh - 128 Harbor Drive, Palm Ha	rbor, FL 34683
	than 90 days old, duly authenticated by the official having custody of rea A photocopy is not acceptable. If the certificate is in a foreign language must be submitted.)
Nature of business or purposes to be conduc	ted or promoted in Florida: consulting services
Rosalind.	Lingl
(In accordance with section 608.40	an authorized representative of a member. 08(3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.)

Typed or printed name of signee

Rosalind Singh

### 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 Co	ompany is:	
Best Practice	Implementations LLC	) 	70 %
2. The name an	d the Florida street add	ress of the registered agent and office are:	The second second
	Rosalind Singh		CONT. FE
		(Name)	95
	128 Harbor Drive		
Florida street address (P.O. Box NOT ACCEPTABLE)			_
	Palm Harbor	FL 34683	
	- <del>-</del>		

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.

Resolved Suight (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

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEST PRACTICE IMPLEMENTATIONS 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 THIRD DAY OF MARCH, A.D. 2004.



Harriet Smith Windsor, Secretary of State

DATE: 03-03-04