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ACCOUNT NO. : 072100000032

REFERENCE : 52214

AUTHORIZATION

COST LIMIT : \$ 1175.00

ORDER DATE: March 25, 2004

ORDER TIME : 10:53 AM

ORDER NO. : 522147-015

CUSTOMER NO: 7127345

CUSTOMER: Alex Novak

Rpi Corp. P. O. Box 142

Murtha Industrial Park Beacon Falls, CT 06403

FOREIGN\_FILINGS

NAME: KIAM VENTURES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

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

I COMPLIANCE WITH SECTION 608.503, FLORIDA STATI			S SUBMITTED T	O REGISTE	R A FO	REI
IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T	THE ST	ATE OF FLORIDA:		五品	至一	
Kiam Ventures LLC				-C2	圣	11
(Name of foreig	gn limite	d liability company	)	- 5-	₹ °	
Delevere	3 0	C 100000		Sign	or '	T
Delaware (Jurisdiction under the law of which foreign limited liability	_ <u>ປ</u> ຮ	6-1082301	ımber, if applica	ble) (TIC)	丑	•
company is organized)	•	(121	anou, ii appiio	FLO	3.16	٠.
9/26/03	5. <u>p</u>	erpetual		32	1 0	
(Date of Organization)	(	(Duration: Year lim	ited liability com or "perpetual")	pany wilke	ase to	
9/26/03						
(Date first transacted business in Florida. (S	See secti	ions 608.501, 608.5	02, and 817.155,	F.S.)		
modificación mana aboutable em 3 est. 197 en						
Railroad Ave. Murtha Industrial Par	rk					
D.O. Boy 142 Bonson Bollo Ob 064	402					
P.O. Box 142, Beacon Falls, Ct. 064 (Street address)	ess of pr	incipal office)				
(58.001.444	005 01 p1	and or mooy				
If limited liability company is a manager-manage	ed com	nany, check her	e 🗶			
The second secon	,	·, ··, · · · · · · · · · · · · · · · ·	- <b>-</b>			
The name and usual business addresses of the m	anagin	g members or m	anagers are as	follows:		
Ellen Kiam, Managing Member, 555 Ma	ladiso	n Ave 23rd F	loor, N.Y.	_N.Y. J	L0022	
				-		
Victor K. Kiam III, Manager "		μ	90			
William Connell, Manager "			10			
Alex Novak, Manager, P.O. Box 142 1	Murth	a Industrial	Park Beac	on Falls	Ct 0	1
Attached is an original certificate of existence, no more than						
the jurisdiction under the law of which it is organized. (A pl	hotocopy	y is not acceptable. I	f the certificate is	in a foreign la	anguage,	a
translation of the certificate under oath of the translator must	t be subn	nitted.)				
. Nature of business or purposes to be conducted	i or pro	moted in Florida	a:			
Holding company						
No De L	1/2	dell.				
Signature of a member or an	author	zed representati	ve of a member	er.		
(In accordance with section 608.408(3	3), F.S., th	ne execution of this do	cument constitutes	÷		
an affirmation under the penalties of p	perjury th	at the facts stated here	ein are true.)			
Alex Novak Manager						
Typed or print	ted nan	ne of signee		-		

## 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:							
es LLC							
d the Florida street address of	of the registe	ered agent and office are:					
Corporation Service Company							
(Name)							
1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE)							
Tallahassee (C	FL. City/State/Zip)	32301					
	d the Florida street address of Corporat:  120 Florida street add Tallahassee	Corporation Service (Name)  1201 Hays St Florida street address (P.O. Box	d the Florida street address of the registered agent and office are:  Corporation Service Company (Name)  1201 Hays Street Florida street address (P.O. Box NOT ACCEPTABLE)  Tallahassee FL 32301				

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.

Deborah D. Skipper Asst. V. Pres.

(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 "KIAM VENTURES 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KIAM VENTURES LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2003.

Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3012169

DATE: 03-25-04

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