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	(Requestor's Name)
	(Address)
	(Address)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer.





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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 RUNNINGS IN THE STATE OF FLORIDA: WRKPM, LLC
(Name of foreign limited liability company) MISSOUR (
(Durisdiction under the law of which foreign limited liability 3. 20 + 0452785
(FEI number, if applicable) Do C, 3, 2003 (Date of Organization) 6. UPON QUALIFICATION

(Date first transacted business in Florida. (See sections 608.501, 608 502, and 817.155, F.S.) 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: Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the juristilicious under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a five-ign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Roma 23 7470 THOUSTMONT AND MANAGEMONT 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.) KICHARD

Typed or printed name 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:		
	WRKPM, LLC		
2.	2. The name and the Florida street address of the registered agent and office are:		
	BARBARA JONNINGS MUNOR		
	Florida street address (P.O. Box NOT ACCEPTABLE)		
	CANTONMENT FL 32533 (City/State/Zip)		

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.

Barbara Jenningo Mina (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF MISSOURI



Matt Blunt Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

WRKPM, LLC LC0555386

was created under the laws of this State on the 3rd day of December, 2003, and is in good Standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 15th day of March, 2004

Secretary of State

Certification Number: 6499359-1 Page 1 of 1 Reference:

