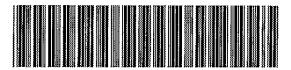
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OPTIONS UNIVERSITY 1698 SW 16TH ST BOCA RATON, FL 33486	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
WO4+1133	
U85-437	

Office Use Only



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27/04



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 4, 2004

OPTIONS UNIVERSITY 1698 SW 16TH ST BOCA RATON, FL 33486

SUBJECT: OPTIONS UNIVERSITY, LLC

Ref. Number: W04000017133

We have received your document for OPTIONS UNIVERSITY, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 104A00030392

JUN 30 AM 8: 3



May 25, 2004

OPTIONS UNIVERSITY 1698 SW 16TH ST BOCA RATON, FL 33486

SUBJECT: OPTIONS UNIVERSITY, LLC Ref. Number: W04000017133

We have received your document for OPTIONS UNIVERSITY, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

You did not return the application with the duration listed. Please complete the enclosed form to its entirety.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 304A00036639

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 BUSINESS IN THE STATE OF FLORIDA: DELAWATE
(Jurisdiction under the law of which foreign limited liability)

3. 20-0480479
(FEI number, if applicable) 4. OCT 15, 2003
(Date of Organization) 6. APRU 6, 200 4
(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 BOCA RATION, FL 33486 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) (ALIZEAD Y 11. Nature of business or purposes to be conducted or promoted in Florida: STOCK OPTION EDVOLTIONAL MATERIAL SOLD WA 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.)

BEETT 3 FOGLE
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:	
OPTIONS UNIVERSITY LLC	· .
2. The name and the Florida street address of the registered agent and office are:	
BIZETT J FOGLE (Name)	
1698 SW 16774 ST Florida street address (P.O. Box NOT ACCEPTABLE)	· _
BOCA ROTON, FL 38486 (City/State/Zip)	
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608,	ent as visions of all with and
	. .
(Signature)	2 E E

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

O4 JUN 30 AH 8: 38
SECRETARY OF LATE
TALLAHASSEE, FLORING

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPTIONS UNIVERSITY, 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-FOURTH DAY OF FEBRUARY, A.D. 2004.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2947590

DATE: 02-24-04

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