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FOREIGN LIMITED LIABILITY COMPANY

Valkyrie Management, LLC

Certificate of Status	ma equinace	0	trainer:
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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IN COMPLIANCE LIMITED LIABILII	WITH SECTION 608.50. Y COMPANY TO TRANSA	3, FLORIDA STATUTI ACT BUSINESS IN THE	ES, THE FOLLOWIN E STATE OF FLORID	NG IS SUBMIT. VA:		ERA FOREIGN RY UF STATE SEE. FLORID
I. VALKYRIE	MANAGEMENT, LLC	-	-			
		(Name of foreign li	mited liability comp	any)		
2. <u>Delaware</u> (Jurisdiction und	ler the law of which fore company is organized)		(FE	I number, if a	pplicable)	
4. <u>05/05/04</u> (Date of Organization)		Perpetual (Duration: Year	Timited liabilit xist or "perpet	y company will co lal")	case to
6. upon fili	ng		738 233			
,	Date first transacted bus	imess in Florida. (Sec	sections 608.501, 60	08.502, and 817	7.155, F.S.)	
7. 1618 Mair	Street Sarasot	a, FL 34236			-,	 .
		(Street address	of principal office)	.	··· ······ ···	
8. If limited lia	bility company is a n	nanager-managed	company, check	here 🗌	•	=
9. The name an	d usual business add	lresses of the mana	iging members o	r managers a	re as follows:	
Neil Mood	iy -1618 Main s	treet Sarasota	1, FL 34236			
Chris Mo	ody -1618 Main	Street Sarasot	a, FL 34236		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·					
the jurisdiction	original certificate of exist under the law of which it ac certificate under oath o	is organized. (A photo	copy is not acceptab			
11. Nature of b	usiness or purposes	to be conducted or	promoted in Flo.	rida: <u>any 1</u>	awful busi:	ness
		/ Scott MacLeo		tativa of a m	amhar	**
		h section 608 408(3), F.				

an affirmation under the penalties of perjury that the facts stated herein are true.)

Scott MacLeod

Typed or printed name of signee

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2004 Jul-2 A 10:

SECRETARY OF STA PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, AHASSEE, FLOR 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 Limite	ed Liability Compa	any is:		
Valkyrie Managment,	I-DC			
2. The name and the Flori	da street address o	of the register	red agent and office are:	
	ntrastate Regi	stered Ag (Name)	ent Corporation	
			Suite 2600 NOT ACCEPTABLE)	
V	Orlando (C	FL ity/State/Zip)	32801	
liability company at the pla registered agent and agree statutes relating to the prop	nce designated in th to act in this capa ocr and complete p	his certificate city. I furthe erformance c	ice of process for the above si , I hereby accept the appointn r agree to comply with the pro of my duties, and I am familian s provided for in Chapter 608	nent as ovisions of all r with and
/s/ Glenn Adam (Signa				
	\$ 100.00 \$ 25.00	-17	for Application n of Registered Agent	

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FAX NO.: 4072445288

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Delaware

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2004 JUL-2 A

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE ARY OF S
DELAWARE, DO HEREBY CERTIFY "VALKYRIE MANAGEMENT, 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-EIGHTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALKYRIE MANAGEMENT, LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2004.

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



Warriet Smith Hindson
Harrier Smith Windson, Secretary of State

AUTHENTICATION: 3199396

DATE: 06-28-04

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