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Account Name	: CORFDIRECT AGENTS, INC.			
Account Number	: 110450000714			
Phone	: (850)222-1173			
Fax Number	: (850)224-1640			

FOREIGN LIMITED LIABILITY COMPANY

*File seand *

TALISCO MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 6, 2004

CORPDIRECT AGENTS, INC.

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

SUBJECT: TALISCO MANAGEMENT LLC REF: W04000025542

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

07/06/2004 09:40 CORPDIRECT → 2050383

NO.902 708

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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 BUSINESS IN THE STATE OF FLORIDA:

1. Talisco Management LLC
(Name of Foreign Limited Liability Company)
2. DeLaware 3. (Jurisdiction under the law of which foreign limited liability (F&I number, if applicable) company is organized)
4. June 28, 2004 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 603.502 F.S. to determine penalty liability)
7. c/o The Talisman Companies LLC, 1500 San Remo, Suite 135
Coral Gables, Florida 33146
(Street Address of Principal Office)
(Street Address of Principal Office)
9. The name and usual business addresses of the managing members or managers are as follows: 9.
Talisco Corp.
c/o The Talisman Companies LLC, 1500 San Remo, Suite 135
Coral Gables, Florida 33146

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 onth of the translation must be submitted.)

11.	Nature of business	or purposes to	be conducted or	promoted in Florida:	Management of real

estate and any other layer

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.)

Robert W. Classon, Vice President of managingH0400013841530 Corp.) Typed or printed name of signee 07/06/2004

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NO.902 009

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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:

Telisco Management LLC

2. The name and the Florida street address of the registered agent and office are:

Robert W. (Cláeson,	c/o	The	Talisman	Companies	LLC	
	(Na	unic)					
					The second se	_ <u>_</u>	
1500 San Repo	, Suite 13	5				E S	
Florida Stre	eet Address (P.C), Box	NOT	ACCEPTABLE)			7
					Sci	N N	ſ
Coral Gables		FL	331	46	E.	. A	1
	City	/State	Zip			ې _	>
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					-	U	<u> </u>

Having been named as registered agent and to accept service of process for the above stated Rimited 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 py possible for the service of agent as provided for in Chapter 608, Florida Statutes.

(Signature)

Robert W. Claeson, Authorized Person/Attorney in Fact

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

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TALISCO 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-NINTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TALISCO MANAGEMENT LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE.



Variet Smith Hindow Harriet Smith Windson, Secretary of Scate

AUTHENTICATH8400679841613 DATE: 06-29-04

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