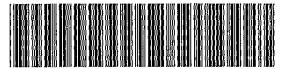
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(Re	questor's Name)	•
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#### TRANSMITTAL LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: JETPLATE, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

(Name of Person)	-
IGTPLATE LLC	
(Firm/Company)	92 <b>TI</b>
16011 N. NEBRASKA AVE, Suite 10 2	TP 22
(Address)	2 11
LUTZ FL 33549 (City/State and Zip Code)	D :29

For further information concerning this matter, please call:

PHICLIF BURKS at (813) 676-9700

(Name of Person) (Area Code & Daytime Telephone Number)

#### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

#### **MAILING ADDRESS:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

### 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. JETPLATE, LLC (Name of Foreign Limited Liability Company)
(Name of Foreign Limited Liability Company)
2. DELAWARE (Jurisdiction under the law of which foreign limited flability)  3. 20-0523578 (FEI number, if applicable)
4. 112103  (Date of Organization)  5. PERPLTUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 16011 N. NEBRASKA AVE, SWITE 102 DE TO STER TO THE TOTAL STEET TO T
LUTZ FL 33549
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here   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:
PHILLIP BURKE
16011 N. NEBRASKA AVE, SUZE 102
LUTZ, FL 33549
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.)
11. Nature of business or purposes to be conducted or promoted in Florida:
COMMERCIAL PRINTING EQUIPMENT
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.)
Typed or printed name of signee
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:
JETPLATE, LLC
2. The name and the Florida street address of the registered agent and office are:
PHILLIP BURKE (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
LUTZ, FL 3355 335 P SEP 22
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 attracted 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, Florida Statutes.
(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

The First State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "JETPLATE, 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 AUGUST, A.D. 2004.



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3315153

DATE: 08-25-04

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