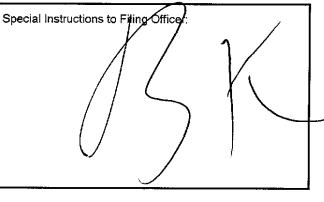
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(F	Requestor's Name)					
	Address)					
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(0	City/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL.				
(E	Business Entity Nar	ne)				
(Document Number)						
Certified Copies	Certificates	s of Status				



Office Use Only



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04 OCT 28 AH IO: 16



ACCOUNT NO. :

072100000032

REFERENCE :

947243

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: October 28, 2004

ORDER TIME : 3:17 PM

ORDER NO. : 947243-005

CUSTOMER NO: 4144A

CUSTOMER: Ms. Esmi Diazdon

Holland & Knight Llp

Suite 3000

701 Brickell Avenue Miami, FL 33131

FOREIGN FILINGS

NAME: SHRIVER ENTERPRISES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____ CERTIFIED COPY

CONTACT PERSON: Justin Cheshire -- EXT# 2909

EXAMINER: ____

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 RECEIVER A POREIGN LIMITED LIBITLY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

hriver Enterpr		20 A T 10	Life, Communication	- \(\frac{1}{2}\)
	(Name of Foreign Limi	ited Lia	bility Company)	CH CONTRACTOR
elaware		3.		7
Jurisdiction under the ompany is organized)	law of which foreign limited liabil	lity	(FEI number, if applicable)	P
August 23, 1999	•	5.	Perpetual	
(Date of	f Organization)		(Duration: Year limited liability company exist or "perpetual")	will cease to
N/A				
	(Date first transacted business i (See sections 608.501 & 608.502	in Flori ΣF.S. t	da, if prior to registration.) o determine penalty liability)	
100 S.E. Second	i Street, Suite 1250, Mi	iami,	Florida 33131	
	• • • • • • • • • • • • • • • • • • • •	· · ·		
	(Street Add	iress of	Principal Office)	
	•		- ·	
If limited liability	company is a manager-mana	iged c	ompany, check here 🔽	
The name and	nal huningga addresses af the c	mone.	ring mambara or managara ara sa Galla	
i he hame and usu	at outliness addresses of the i	manaf	ging members or managers are as follo	iws.
Anthony Shrive	r, 100 S.E. Second Stre	et, S	Suite 1250, Miami, FL 33131	
Alina Chuissan	100 C E Cogond Charact	·	ing 1250 Migmi Pt 22121	
Alina Shriver,	100 D.E. Decond Street	., su:	ite 1250, Miami, FL 33131	
Attached is an original	i certificate of existence, no more that	n 90 da	ys old, duly authenticated by the official having	custody of reco
jurisdiction under the la	aw of which it is organized. (A phot	tocopy i	s not acceptable. If the certificate is in a foreign	
slation of the certificate	e under oath of the translator must be	submi	tted.)	
NT / C1 '			i' milit. Art Dealer	
. Nature of busines	ss or purposes to be conducte	ea or p	promoted in Florida: Art Dealer	
	- 1			
	11/1/			······
,	145			
6	Signature of a member or a	n auth	orized representative of a member.	
			, the execution of this document constitutes	
	•	t perjur	y that the facts stated herein are true.)	
	Anthony Shriver	-4.1		
	Typed or pri	inted r	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 Com	pany is:		
Shriver Ent	erprises, LLC		· · · · · · · · · · · · · · · · · · ·	
2. The name	and the Florida street address	s of the register	ed agent and office are	: :
	Intrastate Registered Agent Corporation			
		(Name)		
	701 Brickell Avenue,			
	Florida Street Ad	idress (P.O. Box	NOT ACCEPTABLE)	
	Miami	FL	33131	
		City/State/Z	Lip	
liability composition agent and agriculture to the obligations of	named as registered agent and any at the place designated in the to act in this capacity. I full proper and complete perform my position as registered agent correct the Registered Agent Correct Corr	this certificate, rther agree to co vance of my duti nt as provided f	I hereby accept the apport of the apport of the provision of the provision of the provision with the provision with the provision with the provision of the pro	pointment as registered ons of all statutes with and accept the

(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

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHRIVER ENTERPRISES, L.L.C." 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 OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHRIVER ENTERPRISES, L.L.C." WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Hindson Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 3441870

DATE: 10-28-04