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TRANSMITTAL LETTER

	Division of Corpora					
SUBJEC	CT: OzVision Amer					
		(Name of	Limited Liabi	lity Company)		
Florida,"	losed "Application l ' Certificate of Exis company to transac	tence, and check a	ire submitted t			
Please re	eturn all correspond	ence concerning th	his matter to th	e following:		
		Mr Ed Mallen				
			(Name of Per	son)	_	
	OzVision America	LLC				
			(Firm/Compa	iny)		
	12 Gill Street, Su woburn, r	,	(Address)			
(City/State and Zip Code)		•	7-3			
For further information concerning this matter, please call:						
F	Frank Lallos		at (_78	1 932-6900		Ö
~	(Nam	e of Person)		a Code & Daytime	Telephone Num	iber)
R D 4	STREET ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations409 E. Gaines StreetP.O. Box 6327Tallahassee, Florida 32399Tallahassee, Florida 32314					
Enclosed	d is a check for the	following amount:				
C] \$125.00 Filing Fee	□ \$130.00 Filing Fe	ee & □\$155 ate of Status	00 Filing Fee & 🔽 Certified Copy	\$160.00 Filing Fee, of Status &	, Certificate & Certified Copy

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.	OzVision America LLC						
	(Name of Foreign Limited Liability Company)						
2.	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 06-1705278 (FEI number, if applicable)						
4.	August 26, 2003 (Date of Organization) 5. Perpetual (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) 12 Gill Street, Suite 1050, Woburn MA 01801	ess in Florida, if prior to registration.) 5.502 F.S. to determine penalty liability)					
7.	(Street Address of Principal Office)						
	If limited liability company is a manager-managed company, check here	-					
У.	The name and usual business addresses of the managing members or managers are as follows: Ed Mallen - 12 Gill Street, Suite 1050, Woburn MA 01801	i 3 a					
	Avi Lupo - 12 Gill Street, Suite 1050, Woburn MA 01801	1					
th	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconguirisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)	rds in					
i	. Nature of business or purposes to be conducted or promoted in Florida: Generate leads and sales for						
	the company and manage client accounts within the territory						
	ANMALLEN						
	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

ED MALCEN

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	e of the Limited Liability Co	ompany is:	
OzVision Am	erica LLC		
2. The name	e and the Florida street addr	ress of the registered agent and off	fice are:
	Scott Grant		
		(Name)	
	1067 Winding Waters Cir		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE))
	Winter Springs	FL 32708	
		City/State/Zip	
liability compagent and agrelating to the	pany at the place designated gree to act in this capacity. I he proper and complete perfo	and to accept service of process for in this certificate, I hereby accept if further agree to comply with the pi ormance of my duties, and I am fam agent as provided for in Chapter 60	the appointment as registered rovisions of all statutes uiliar with and accept the

\$ 100.00 Filing Fee for Application

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

Designation of Registered Agent

\$ 25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OZVISION AMERICA 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 TENTH DAY OF NOVEMBER, A.D. 2004.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OZVISION AMERICA LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2003.

Flarrier Smith Windson Secretary of State

Harriet Smith Windson Sefretary of State 8401

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DATE: 11-10-04