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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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FOREIGN LIMITED LIABILITY COMPANY

Paice LLC

Certificate of Status	2
Certified Copy	2
Page Count	04
Estimated Charge	\$195.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
	Paice LLC (Name of Foreign Limited Liability Company)
	• · · · · · · · · · · · · · · · · · · ·
	Delaware licion under the law of which foreign limited liability (FEI number, if applicable)
(Jurisd compa	the granted of shirth total interest transity (Let unused it abbiteaute)
•	April 19 7 004 & Perpetual
	April 19 7004 5. Perpetual (Direction: Year limited liability company will cease to exist or "perpensal")
	upon registration
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
	380 SE Mizner Blue, Suite # 1721
	Boca Ration, FL 33432 (Street Address of Principal Office)
re ii	nited liability company is a manager-managed company, check here
TF 4444	· · · · · · · · · · · · · · · · · · ·
The	name and usual business addresses of the managing members or managers are as follows: \Box_1^2
	Alex J. Sevennsky
	380 SEMIZNET Blud. SUIK#1721
•	Boca Raton, 1=6 33432
judedi	hed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having oustody of records ction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a not the certificate under onth of the translator must be submitted.)
Not	ure of business or purposes to be conducted or promoted in Florids:
1	intellectual property licensing and enforceme
	aller J. Severinoky
- 1 (Signature of a member or an authorized representative of a member.
- 1 (-a	Signature of a member or an authorized representative of a member. (In accordance with rection 608, 408(3), F.S., the execution of this document constitutes
	Signature of a member or an authorized representative of a member.

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.

	imited Liability Com	pany is.		
LLC	· .			
				•
he name and the	Florida street address	of the registered ag	ent and office are:	
•	•			** *
	c:	Corporation System	•	
		(Name)		
•	•	;*	F	
	1200	South Pine Island Rose	j	<i>i</i>
	Florida Street Add	fress (P.O. Box MOTA	CCEPTABLE)	
	1			
	Plantation	יים. יים אינו	33324	بدو. *-
		City/State/Zip		 ; c
	•			. 0
	•			
				
lity company at the t and agree to act ing to the proper a ations of my posit	registered agent and i e place designated in t in this capacity. I furt and complete performa- tion as registered agen	his certificate, I here her agree to comply mos of my chaics, an	by accept the appo with the provisions d I am familiar with	intment as regist of all statutes h and accept the
lity company at the t and agree to act ing to the proper a ations of my posit	e place designated in t in this capacity. I first and complete performa	his certificate, I here her agree to comply nce of my dieties, and t as provided for in (by accept the appo with the provisions d I am familiar wit Chapter 608, Florid	intment as regist of all statutes h and accept the
lity company at the t and agree to act ing to the proper a ations of my posit	e place designated in this capacity. I first and complete performation as registered agent corporation System.	his certificate, I here her agree to comply nce of my dieties, and t as provided for in C	by accept the appo with the provisions of I am familiar wit Chapter 608, Florid	intment as regist of all statutes h and accept the
lity company at the t and agree to act ing to the proper a pations of my posit	e place designated in t in this capacity. I furt and complete performa ion as registered agen	his certificate, I here her agree to comply mos of my chaics, an	by accept the appo with the provisions of I am familiar wit Chapter 608, Florid	intment as regist of all statutes h and accept the

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PAICE LLC" IS DULY FORMED UNDER THE LAMS 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 SIXTH DAY OF DECEMBER, A.D. 2004.

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

3792417 8300

040877126

Harries Smith Windson, Secretary of State

AUTHENTICATION: 3523516

DATE: 12-06-04