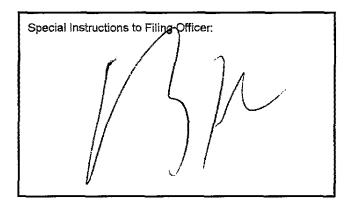
M05000000789

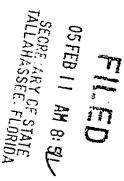
(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status

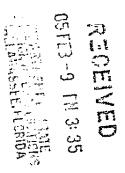


Office Use Only



300046117833







ACCOUNT FILING COVER SHEET

Account Number	r:0721-00000-307	
Reference: (Sub Account)	484	
Date:	<u>1 1-9</u>	
Requestor Name Address:	Attorneys' Title Insuran 1965 Capital Circle NE	CLA CLA
Telephone: Contact:	Tallahassee, Florida 323 850-222-2785 Barbara Keys	ARY OF S
Corporation Name: 12 NR	A SOURCING LL	SA X
Document Number:		
(If Applicable) Authorization:	"Barbara Ka	05 F.
XXXX Certified XXXX Certification	I Copy (1-9) ite of Status (1-9) amped Copy	FEB 11 MM 8:52 AMASSEE, FLORID
Call When Ready XX_ Walk In Mail Out	Call if Problem Will Wait	After 2:30 XX_ Pick Up



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 10, 2005

ATTORNEYS' TITLE

TALLAHASSEE, FL

SUBJECT: ANRA SOURCING, LLC

Ref. Number: W05000006954



We have received your document for ANRA SOURCING, LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

A foreign corporation form has been used.

Because this is a limited liability company, you must use a FOREIGN LIMITED LIABILTY COMPANY form.

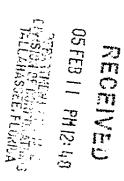
Please complete, sign, and return the enclosed FOREIGN LLC form along with your New Jersey certificate.,

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

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 505A00009366



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.	ANRA SOURCING LLC					
	/ (Name of Foreign Limited Liability Company)	•				
2.	NEW JERSEY 3, 04-3747956 PK 9					
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)					
4.	MARCH 14, 2003 (Date of Organization) 5 PERPETUAL (Duration: Year limited liability company with ceases)	m				
	exist or "perpetual")					
6.	N/A SECULATION SEE OF SECULATION SEE OF					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	3000 ISLAND BOULEVARD #2005 AVENTURA FL 33160					
	(Street Address of Principal Office)					
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:					
FRANK MENGRONE 3000 ISLAND BLVD. #2005 AVENTURA FL 33180						
the). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptable is a foreign language, a anslation of the certificate under eath of the translator must be submitted.)	ords in				
1 1	Nature of business or purposes to be conducted or promoted in Florida: ALL LAWFUL ACTIVITY					
		•.				
		•				
	Si de de la companya					
	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.)					
	FRANK MENGRONE					

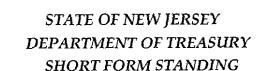
Typed or printed name of signee

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	of the Limited Liability (Company is:			
ANRA SOURCE	ING LLC				
2. The name a	and the Florida street add	dress of the registered agent and office are:	:		
	FRANK MENGRONE				
		(Name)			
3000 ISLAND BOULEVARD #2005					
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	AVENTURA	FL 33160			
		City/State/Zip			
liability compa agent and agre relating to the	my at the place designated to act in this capacity. proper and complete perf	and to accept service of process for the abo ed in this certificate, I hereby accept the appo I further agree to comply with the provision formance of my duties, and I am familiar wit agent as provided for in Chapter 608, Flori	ointment as registerea ns of all statutes th and accept the		

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



ANRA SOURCING, LLC 600164672

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 14, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Vincent D Commisa Esq 600 South Livingston Avenue Suite 206 Livingston, NJ 07039

Continued on next page . . .

