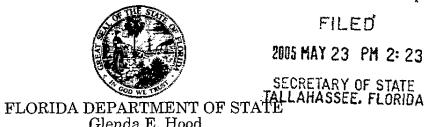
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Letter Number: 605A00027506

Glenda E. Hood Secretary of State

April 21, 2005

STEVEN E SANTOS 35 BELVER AVE. NORTH KINGSTOWN, RI 02852

SUBJECT: SANE SOLUTINS, LLC Ref. Number: W05000020258

We have received your document for SANE SOLUTINS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist



Secretary of State

FILED 2005 MAY 23 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 6, 2005 __

STEVEN E SANTOS 35 BELVER AVE. NORTH KINGSTOWN, RI 02852

SUBJECT: SANE SOLUTINS, LLC Ref. Number: W05000020258

We have received your document for SANE SOLUTINS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 605A00027506

Agnes Lunt Document Specialist

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TRANSMITTAL LETTER

TO: Registration Section

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Division of Cor	rporations		
SUBJECT:	Sane Solu	tions, LLC	
Sonder:	(Name of L	imited Liability Company)	
Florida," Certificate of		Liability Company for Authorization submitted to register the above reform.	
Please return all corres	pondence concerning this	matter to the following:	
	Si	teven E Santos	
		Name of Person)	
	Sa	ane Solutions, LLC	
	(Firm/Company)	
	3	5 Belver Avenue	
		(Address)	
_	Nort	h Kingstown, RI 02852	
 .	(City	/State and Zip Code)	
For further information	n concerning this matter,	please call:	
	Steven E Santos	at (401) 295-4809 E	Ext. 121
	(Name of Person)	at (401) 295-4809 E (Area Code & Daytime Tel	
STREET ADI	DRESS:	MAILING ADDRESS	S:
Registration Se	ection	Registration Section	•
Division of Co	rporations	Division of Corporatio	ns
409 E. Gaines	Street	P.O. Box 6327	
Tallahassee, Fl		Tallahassee, Florida 32	
	or the following amount:		•
□ \$125.00 Filing	•	e & □ \$155.00 Filing Fee & ☑ \$16 e of Status Certified Copy	0.00 Filing Fee, Certificate of Status & Certified Copy

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2005 HAY 23 PM 2: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Rhode Island	_Sane Solutions, LLC		
	(Name of Foreign Limited Lia	ibility Company	
· — ·	- 3	Į.	05-0491258
urisdiction under the law of volupany is organized)	hich foreign limited liability		FEI number, if applicable)
July 2, 1996	5	Perpetual	
(Date of Organiz	ation)		ar limited liability company will cease to etual")
_ May	16, 2005		#
(Date (See se	first transacted business in Flor ctions 608.501 & 608.502 F.S. t	da, if prior to re o determine pena	gistration.) ilty liability)
James V Rose - CEO	35 Belver Avenue North K	ngstown, Ri 02	852
Frank J Faubert Jr CTO	35 Belver Avenue North K	ngslown, RI 02	852
	(Street Address of	Principal Office	e)
FRANK J. FAUL	CEO 33 BETVER ont In - CTO 35	Behow M	beth kingstown RI 0285. We. Aboth Kingstown RI 02
Attached is an original certifical	ich it is organized. (A photocopy:	ys old, duly autho	nticated by the official having custody of reco
islation of the certificate under o		tted.)	
nslation of the certificate under on. Nature of business or pu		tted.) promoted in F	Iorida: Paula B Ferreira is Sane

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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:
	Sane Solutions, LLC
2.	The name and the Florida street address of the registered agent and office are:
	Paula B Ferreira
	(Name)
	2810 Cypress Trace Circle Unit 2123
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Naples, FL 34119
	City/State/Zip

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 all statutes 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)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTAFIONS Office of the Secretary of State Matthew A. Brown Onns May 23 PM 2: 23

Matthew A. Brown
Secretary of State

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Sane Solutions LLC

a Rhode Island limited liability company, filed original articles of organization in this office on the 2nd day of July 1996; and

IT IS FURTHER CERTIFIED that said company is now of record and in good standing in this office.

SIGNED AND SEALED this fourteenth day of February 2005.

Secretary of State

BY MUY E. Carlly

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