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FOREIGN LIMITED LIABILITY COMPANY

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THE ALLIED POWER GROUP LLC

Certificate of Status	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

The Allied Power Group LLC		
(Name of Foreign Limi	ted Li	ibility Company)
elawara	3	20-2686850
urisdiction under the law of which foreign limited liabil empany is organized)	iity	(FEI mumber, if applicable)
May 11. 2005	5.	perpetual
(Date of Organization)		(Duration: Year imited liability company will cause to exist or "perpetual")
		·
(Dats first transacted business: (See sections 602.50) & 603.50;	in Flor	ids, if prior to registration.)
		and the second s
c/o Fowerspares, Inc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
One South Ocean Soulavard, Suits 324,	Book	Raton, FL 33432
		Principal Office)
If the ital lighting community a warmeness was		
- · · · · · · · · · · · · · · · · · · ·	_	company, check here 🗹 ging members or managers are as follows:
The name and usual business addresses of the Bruce D. Agerdy - One South Ocean Box Louis Green - One South Ocean Boulevi	mana Neva	ging members or managers are as follows: rd, Suite 324, Boca Raton, FL 33432
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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

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.		
1. The name of the Limi	ited Liability Company is:	
The Allied Power Gro	nup LLC	
2. The name and the Flo	rida street address of the registered agent and office are:	
MRAI S	ervices, Inc.	
	(Name)	
2731 \$	Recutive Fark Drive, Suite 4	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Weston	PL 33331	

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.

City/State/Zip

Assistant Secretar

\$ 100,00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FAX NO. :8506683398

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Delaware

May. 25 2005 04:48PM P4

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE ALLIED POWER GROUP 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 SEVENTEENTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE ALLIED POWER GROUP LLC" WAS FORMED ON THE BLEVENTH DAY OF MAY, A.D. 2005.

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

3968135 8300

DATE: 05-17-05

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