| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |

Office Use Only



800055899678

06/09/05--01029--027 **160.00

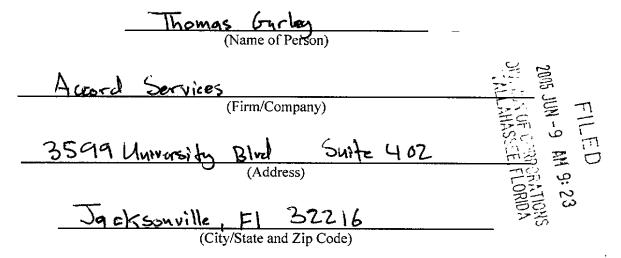
TRANSMITTAL LETTER

| TO: | Registration Section | |
|-----|--------------------------|--|
| | Division of Corporations | |

SUBJECT: Accord Services, L.L. (Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Thomas burley at (904) 858-1795
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:



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

| | I COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORI MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | EKGN |
|------------|--|---------------|
| 1. | Accord Gervices, L.L.L. (Name of Foreign Limited Liability Company) | |
| 2. | (Name of Foreign Limited Liability Company) Seory a (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) | 7 |
| 4. | (Date of Organization) 5. Percetua (Duration: Year limited liability company will cease to exist or "perpetual") |) \ 三 。 |
| 6. | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | 9:23 |
| 7. | 3599 University Blvd S. Suite 402 Jacksonville, FL 32216 (Street Address of Principal Office) | • |
| | 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: 5 deve Adams - 127 Church St Suite 200 mariette 6A 30060 | |
| 9. | The name and usual business addresses of the managing members or managers are as follows: 5 deve Adams - 127 Church St Swite 200 master 64 30060 12 Kathy Adams - 11 Same as above | - |
| 10. the | 5 deve Adams - 177 Church St Swite 200 modelle GA 30060 | ls in |
| 10. the | Solve Adams - 127 Church St Swite 200 masterfa 6-A 30060 Kathy Adams - 11 Same as above 11 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: | ls in |
| 10. the | Solve Adams - 127 Church St Swite 200 masterfa 6-A 30060 Kathy Adams - 11 Same as above 11 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: | ds in |
| 10. the | Steve Adams - 127 Church St Suite 200 martelles GA 30060 Cally Adams - 11 Same as above | ds in |
| 10. the | Steve Adams - 127 Church St Suite 200 martella GA 30060 Cathy Adams - 11 Same as above | ds in |

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 the Limited Liability Company is: |
|--|
| Accord Services |
| 2. The name and the Florida street address of the registered agent and office are: |
| Thomas Gurley |
| Florida Street Address (P.O.Box NOT ACCEPTABLE) |
| Jacksonvolle FL 32216 City/State/Zip |
| City/ State/Lip |

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.

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

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 051580980

CONTROL NUMBER : 0143952

DATE INC/AUTH/FILED: 10/01/2001

JURISDICTION : GEORGIA

PRINT DATE : 06/07/2005

FORM NUMBER : 211

THOMAS GURLEY 3599 UNIVERSITY BLVD STE 402 JACKSONVILLE, FL 32216



CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ACCORD SERVICES, LLC. A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



July Cop

Cathy Cox