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Account Number : I20020000154 : (954)525-9900 Phone Fax Number : (954)523-2872

FOREIGN LIMITED LIABILITY COMPANY

VivAd Solutions, LLC

Certificate of Status	0
Certified Copy	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

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

L VivAd S	olutions, LLC			
,		Name of Foreign Limited Li	ability Company)	
	ion under the law of which is organized)	3, h foreign limited liability	(FEI number, if applicable)	
Septem	ber 23, 2002 (Date of Organization	on) 5.	Duration: Year limited liability company will consist or "perpetual")	ease to
upon fil	(Date firs	t transacted business in Flor ns 608,501 & 608,502 F.S. t	ida, if prior to registration.) to determine penalty liability)	··· ····
99 Wea	therstone Drive, Suite 9	30		
Woodst	ock, GA 30188			
		(Street Address of	f Principal Office)	
. If limit	ed liability company	s a manager-managed c	company, check here	
. The na	me and usual busines:	addresses of the mana	ging members or managers are as follows:	
Christo	pher F. Esposito, 99 W	eatherstone Drive, Suite 9	930, Woodstock, GA 30188	
				;
<u> </u>				<u></u> .
				 -
ne jurisdiction ranstation or	on under the law of which if the certificate under cath o	t is organized. (A photocopy of the translator must be submit	•	raĝe, a
1. Natur	e of business or purpo	ises to be conducted or j	promoted in Florida: to engage in any and a	il lawful
8C OF 64	ctivity for which limited i	spillty companies ulas pe	permitted uncer the Florida Limited Liability. Ac	ot
	(In according	no with section 608.408(3), 565. on under the penalties of pening	forized representative of a member. ., the execution of this document constitutes y that the facts it stad herein are true.)	
	Christoph	er F. Esposito, Managing		

D003

HOSO00171570

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:		95
VivAd Solutions, LLC		γ.υ.

The na	me and the	Florida	street address	of the	registered	agent and	office are:
--------------------------	------------	---------	----------------	--------	------------	-----------	-------------

BSPA Corporate Services,	Inc.
	(Name)
350 E. Las Olas Blvd., Suit	a 1000
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)
Ft. Lauderdale	FL 33301
	City/Style/7in

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.

Janes 1. Bered (Signature)

\$ 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 CONTROL NUMBER DATE INC/AUTH/FILED: 09/23/2002 JURISDICTION PRINT DATE FORM NUMBER

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BERGER SINGERMAN MARCI SHAFFER 350 E LAAS OLAS BLVD STE 1000 FORT LAUDERDALE, FL 33301

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

VIVAD SOLUTIONS, 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 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.



Cathy Cox Secretary of State