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2005 AUG -1 P 2:54
TAMM, ALABAMA

c.i.b. management, llc

S. DAVID MOCHIE

1 August 2005

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Tel: 850.245.6051

Re: Registration of Foreign Limited Liability Company
C.I.B. Management, LLC
EIN: 22-3657050

Dear Sir/Madam:

This will serve as a transmittal letter. I would like to register the above named Foreign Limited Liability Company to transact business in Florida.

Attached is the application completed pursuant to §608.503(1).

Attached is a certified original Certificate of Good Standing from the State of Delaware.

Enclosed is a check made out to the Florida Department of State for the total amount of \$155.00 representing the filing fee and the Designation of Registered Agent, myself, and one Certified Copy.

Please mail it to the following address:

S. David Moche
191 Great Hill Road
Litchfield, CT 06759

Thanking you in advance for your cooperation. If you have any questions you may reach me at 917.331.2567.

Sincerely,

S. David Moche

RECEIVED
2005 AUG -1 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C. I. B. MANAGEMENT, LLC
(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:

S. DAVID MOCHÉ
(Name of Person)

C. I. B. MANAGEMENT, LLC
(Firm/Company)

191 GREAT HILL ROAD
(Address)

WITCHFIELD, CT 06759
(City/State and Zip Code)

For further information concerning this matter, please call:

S. DAVID MOCHÉ at (917) 331.2567
(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:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. C. I. B. MANAGEMENT, LLC
(Name of Foreign Limited Liability Company)

2. DELAWARE 3. 02-3657050
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 16 JULY 1998 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 191 GREAT HILL ROAD
WITCHFIELD, CT 06759
(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:

S. DAVID MOCHTE
191 GREAT HILL ROAD
WITCHFIELD, CT 06759

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: CONSULTING

S. David Mochte
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.)

S. DAVID MOCHTE
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 the Limited Liability Company is:

C. I. B. MANAGEMENT, LLC

2. The name and the Florida street address of the registered agent and office are:

% WOLFSON
S. DAVID MOCHÉ
(Name)

12806 TOUCHSTONE PLACE

Florida Street Address (P.O. Box NOT ACCEPTABLE)

PAHM BEACH GARDEN FL 33418

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.

S. David Moché

(Signature)

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

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SECRET
TALLAHASSEE, FL

FILED

Delaware

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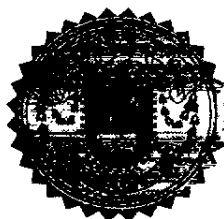
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C.I.B. MANAGEMENT, L.L.C." 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 EIGHTEENTH DAY OF JULY, A.D. 2005.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 4028773

DATE: 07-18-05