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| (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: H7 FOR C | | | | | | |
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M. HODGES

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SELVETAN COESTATE

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|---|--|--|--|--|--|--|
| SUBJECT: | | | | | | |
| 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: | | | | | | |
| David H. Rosenberg, 55g. (Name of Person) | | | | | | |
| The Law Office of David H. Rosenberg, P.L. (Firm/Company) | | | | | | |
| 6151 Lake Osprey Dr., Suite 338 (Address) | | | | | | |
| Sarasota, FL. 34240 (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| David H. Rosenberg, Ssq. at (941) 373-1363 (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

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG |
|--|
| LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. U.I.N., LLC |
| (Name of Foreign Limited Liability Company) |
| 2 Colorado 3 2005/204630 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| |
| 4. 5/19/2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to |
| (Date of Organization) (Duration: Year inflied habitity company with 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) |
| 1790 N Latha Street |
| 7. Tato N. 66 Jiveet |
| Longmont, CO 80503 PE 3 |
| (Street Address of Principal Office) |
| 8. If limited liability company is a manager-managed company, check here |
| migraph (in the control of the contr |
| 9. The name and usual business addresses of the managing members or managers are as follows: |
| Anne-Michelle Wand |
| 1610 Pace St., Unit 900-133 |
| 1610 Pace St., ONIT 700-133 |
| Longmont, CO 80501 |
| |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records: |
| 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 eath of the translator must be submitted.) |
| |
| 11. Nature of business or purposes to be conducted or promoted in Florida: |
| Real Estate Trivestments. |
| |
| Signature of a marketing of a market |
| Signature of a member or an authorized representative of a methber. (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.) |

David H. Rosenberg

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 • • • • | 1 - 0 - | | | | |
|-----------------|--|---------------------|-------------------------|-----|--|--|
| 2. The name and | l the Florida street addres | s of the registered | d agent and office are: | | | |
| | David | H. Rose | nberg, P.L | 1 | | |
| • | | (Name) | | _ | | |
| | 6151 Lake | Osprey | Dr., Suite | 338 | | |
| • | Florida Street Address (P.O. Box NOT ACCEPTABLE) | | | | | |
| _ | Sarasota | FL | 34240 | _ | | |
| | | City/State/Zip |) | | | |

IN. T. N. IIC

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)

1. The name of the Limited Liability Company is:

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

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Donetta Davidson, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

W.I.N., LLC

is a Limited Liability Company

formed or registered on 05/19/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051204630 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/10/2005 that have been posted, and by documents delivered to this office electronically through 08/15/2005 @ 09:45:30.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 08/15/2005 @ 09:45:30 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6281251.



Secretary of State of the State of Colorado

*************End of Certificate************************

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us click Business Center and select "Frequently Asked Questions."