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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT:	VITEC	SOLUTIONS, LLC			
(Name of Limited Liability Company)					
Florida," Certif	· · · · · ·	mited Liability Company for Authorization to Transact Business in eck are submitted to register the above referenced foreign limited Florida			
Please return al	Il correspondence concerni	ng this matter to the following:			
_	DAVID	(Name of Person)			
		(Name of Person)			
_	EMPIRE	INVESTMENT HOLDINGS			
		(Firm/Company)			
_	1565 NOR	THPARK DRIVE, SUITE 101 (Address)			
		(Address)			
	WESTON,	FLORIDA 33326			
		(City/State and Zip Code)			
For further info	rmation concerning this ma	atter, please call:			
_DA	VID ALFONSO	at (954) 385,8412 (Area Code & Daytime Telephone Number)			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Division P.O. Bo	NG ADDRESS: n of Corporations x 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	neck for the following amo 0 Filing Fee S130.00 Filin Cer				

### 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: VITEC SOLUTIONS, LLC
(Name of Foreign Limited Liability Company) DELAWARE
(Jurisdiction under the law of which foreign limited liability

3. 20-230 9384
(FEI number, if applicable) 2/10/05 (Date of Organization) PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Commerce Drive, Suite 3 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: DAN DOLAN - 455 Commerce Drive, Suite 3 Amherst, N.Y. 14226 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: Admin 15 heat ive SUPPORT 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.) DAVID ALFONSO

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:		
_	VITEC SOLUTIONS, LLC		
2.	The name and the Florida street address of the registered agent and office are:  DAVID ALFONSO  Empire Investment Holdings, LLC  (Name)	05 SEP	SECRET BIVISION C
1565 Northpark drive, Suite 101 Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Weston FL 33326 City/State/Zip		ATENS TIONS

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)

\$ 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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# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VITEC SOLUTIONS 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 TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VITEC SOLUTIONS LLC" WAS FORMED ON THE TENTH DAY OF FEBRUARY, A.D. 2005.



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Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4182209

050785859 DATE: 09-26-05