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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Corporate Incentive Solutions, 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:			
Grega Camara (Name of Person)			
Corporate Incentive Solutions, LLC (Firm/Company)			
233 Needham Street, Suite 440 (Address)			
Newton, MA 02464 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Gregg Camara at (617) 244-4505 X120 (Area Code & Daytime Telephone Number)			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314

Tallahassee, Florida 32399

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 FOREIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1. Corporate Incentive Solutions, LLC (Name of Foreign Limited Liability Company)		
2. Massachusetts (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-0091814 (FEI number, if applicable)		
4. July 9 2003 (Date of Organization) 5. Perpetual (Duration) Year limited liability company will cease to exist or "perpetual")		
Pursuant to Section 608.501, Subsection (2)(f), we are not required to section (508.501, Subsection (7)(f), we are not required to section (7)(f), we are not required to section (8)(f), we are not required to sect		
7. 233 Needham Street Suite 440		
Newton, MA 02464 (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:		
Marc D. Baron - 233 Needham St. Suite 440 Newton MA 0246		
Adam S. Kurzman-233 Needham St., Suite 440, Newton, MA 0246		
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: One Sales rep		
selling promotional + incentive products.		
Signature of a member of 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.)		
an affirmation under the penalties of perjury that the facts stated herein are true.) Typed or printed name of signee		
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 Bunted Elability Company is.	
Corporate Incentive Solut	tions, LLC
2. The name and the Florida street address of the registered agent an	nd office are:
Dann Brown (Name)	TALL SEC
133 Lookout Point	
Florida Street Address (P.O. Box NOT ACCEPTA	ABLE) Mc P 18
Ospren FL 342	229 器 5

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 fumiliar 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)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

William Francis Galvin Secretary of the Commonwealth

August 31, 2005

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

CORPORATE INCENTIVE SOLUTIONS, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on Tally 2003.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: MARC D. BARON, ADAM S. KURZMAN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: MARC D. BARON, ADAM S. KURZMAN, PAUL G. ROBERTS, STEPHEN J. O'CONNOR

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth