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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	<u>. </u>
PICK-UP WAIT MAIL	
(Business Entity Name)	<u></u>
(Document Number)	_
Certified Copies Certificates of Status	_
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Source International, 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:
Stella B Dowling (Name of Person)
Source International, LLC (Firm/Company)
4343 Shallowford Road Stell-6 (Address)
Manietta, Georgia 300 62 (City/State and Zip Code)
For further information concerning this matter, please call:
TASON L DILLE at (888) 300 - 1417 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{\text{\$\subset}}\$\$125.00 Filing Fee \$\sum_{\text{\$\subset}}\$\$130.00 Filing Fee & \$\sum_{\text{\$\subset}}\$\$155.00 Filing Fee & \$\subset\$

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. I Source International, LLC (Name of Foreign Limited Liability Company)
2. Creorgia 3. 59-7638541 (FEI number, if applicable)
4. 7-5-2001 (Date of Organization) 5. Per petual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Not currently cloing business in Flowida. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4343 ShallowFord Rd Suite H-6
Marieta, GA 30062 (Street Address of Principal Office) AFR ST
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:
Stella B. Dowling
4343 Shallowford RO, Ste H-6
Manety, Ga 30062
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 ceth of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: <u>Teleconferencing</u>
AND web conferencing services.
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) Stella B. Dowling CED 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:				
1 Source International, LLC				
2. The name and the Florida street address of the registered agent and office are:				
Inson Dukes (Name)	SECAL	10.4 S0		
1717 CR 220 #2105 Florida Street Address (P.O. Box NOT ACCEPTABLE)	ASSEE, FL	-0 PH	<u>.</u>	7.
ORANGE PARK FL 32003 City/State/Zip	ORIDA	€7 €3		<i>;</i>

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.

\$ 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 CONTROL NUMBER : 0131201
DATE INC/AUTH/FILED: 07/05/2001
JURISDICTION : GEORGIA
PRINT DATE : 11/07/2005
FORM NUMBER : 211

MENDEN & FREIMAN, LLP STEPHEN L. PROVOST TWO RAVINIA DRIVE, SUITE 1200 ATLANTA, GA 30346

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 as of the above print date

GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and 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 above-named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Table 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.

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Cathy Cox Secretary of State