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### VALENTI HANLEY & CROOKS, PLLC

December 19, 2005

Of-Counsel: Nicholas R. Pregliasco

E-Mail: nrp@vhclaw.com
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: AI, LLC

Dear Sir or Madam:

Enclosed you will find the original and one conformed copy of each of the following documents to be filed in the order indicated:

- 1. Transmittal Letter:
- 2. Application By Foreign Limited Liability Company for Authorization to Transaction Business in Florida;
- 3. Partnership Registration Statement for Aslan Islander, LLP:
- 4. Statement of Qualification for Aslan Islander, LLP.

In addition, you will find enclosed our check in the amount of \$222.50 made payable to the Florida Department of State for the \$130.00 fee for filing the Foreign Limited Liability Company Application for AI, LLC (with a Certificate of Designation of Registered Agent/Registered Office and Certificate of Existence), the \$50.00 fee and \$8.75 fee for certificate of status for filing the Partnership Registration Statement for Aslan Islander, LLP, and the \$25.00 fee and 8.75 fee for certificate of status for filing the Statement of Qualification for Aslan Islander, LLP.

Since AI, LLC is to be a partner of Aslan Islander, LLP, please file the Articles of Organization prior to the Partnership Registration Statement and the Statement of Qualification as these documents require the Florida Registration Number to complete.

Please return the file stamped copy of each of these documents to my attention in the enclosed self-addressed, stamped envelope. If you have any questions, please feel give me a call. Thanks in advance for the help.

Very truly yours,

Nicholas R. Pregliasco

NRP/km Enclosures

| TRANSMI  | TTAL LETTER  |  |  |
|--|--|--|--|
| TO: Registration Section Division of Corporations  | <del>-</del> .   |  |  |
| SUBJECT: AI, LLC   |  |  |  |
| (Name of Limite  | d Liability Company)   |  |  |
| The enclosed "Application by Foreign Limited Liabi Florida," Certificate of Existence, and check are subrliability company to transact business in Florida | lity Company for Authorization to Transact Business in mitted to register the above referenced foreign limited |  |  |
| Please return all correspondence concerning this mat   | ter to the following:  |  |  |
| Robert W. Adams, III   |  |  |  |
| (Name  | e of Person)   |  |  |
|  |  |  |  |
| Valenti Hanley & Crooks, PLLC  | 15% C 2  |  |  |
| (Firm  | /Company) EG R   |  |  |
| •  | 7.5  |  |  |
| 401 W. Main Street, #1950  |  |  |  |
| (A   | ddress)  |  |  |
| Louisville, KY 40202   |  |  |  |
| (City/State  | and Zip Code)  |  |  |
| For further information concerning this matter, pleas  | e call:  |  |  |
| Nicholas R. Pregliasco   | at (502 ) 568-2100   |  |  |
| (Name of Person)   | (Area Code & Daytime Telephone Number)   |  |  |
| STREET ADDRESS:  | MAILING ADDRESS:   |  |  |
| Registration Section   | Registration Section   |  |  |
| Division of Corporations   | Division of Corporations   |  |  |
| 409 E. Gaines Street   | P.O. Box 6327  |  |  |
| Tallahassee, Florida 32399   | Tallahassee, Florida 32314   |  |  |
| Enclosed is a check for the following amount:  |  |  |  |
| \$125.00 Filing Fee \$\$130.00 Filing Fee & Certificate of St  | ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate tatus Certified Copy of Status & Certified Copy     |  |  |

### 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:

| Al, LLC  |  |   |                                  |                 |
|--|--|---|----------------------------------|-----------------|
|  | (Name of Foreign   | Limited Liability Company)  |                                  |                 |
|  | he law of which foreign limited  | 3 Applied for (FE   | number, if applicable)           |                 |
| company is organize<br>May 18, 2005  |  | 5. Perpetual  |                                  |                 |
| (Date  | of Organization)   | (Duration: Year lexist or "perpetu  | imited liability company<br>al") | will cease to   |
|  | (Date first transacted bus<br>(See sections 608.501 & 60                   | ness in Florida, if prior to regist<br>8.502 F.S. to determine penalty  | ration.)                         | DEC 2           |
| 1031 Zom Avenu   | e, #1400   |   | ř                                | 5 E             |
| Louisville, KY 40  | 0202   | -1 , .  | 0.00                             | 15 E S          |
| <u> </u>   | (Stree   | et Address of Principal Office)   |                                  | <del></del>     |
|  | ns, 1031 Zom Avenue, #140  |   | <del></del>                      |                 |
|  |  | .5 1  | ·                                |                 |
| e jurisdiction under the certificant of the certifi | ne law of which it is organized. (A<br>cate under oath of the translator n | ore than 90 days old, duly authenti<br>A photocopy is not acceptable. If<br>tust be submitted.)<br>ducted or promoted in Flor | the certificate is in a forci    | gn language, a  |
| r. Hatare of pasi  | ness of purposes to be con   | ducted of promoted in Pro-  | ida.                             |                 |
|  | sh Ga  | C.  |                                  | - <del></del> • |
|  | (In accordance with section 6  | r or an authorized represen<br>08.408(3), F.S., the execution of thi<br>alties of perjury that the facts stated               | s document constitutes           |                 |
|  | Gregory G. Evans   |   |                                  |                 |
|  | 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:                                |   |
|---|---|
| Al, LLC   | * · · · · · · · · · · · · · · · · · · · |
| 2. The name and the Florida street address of the registered agent and office a | re:                                     |
|   |   |
| Capitol Corporate Services, Inc.  | X                                       |
| (Name)  | ZOOS DEC<br>SECRETA                     |
| 1333 Duval Street   | 650 N                                   |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                | Y OF S                                  |
| Tallahassee FL 32303  | ORALE 29 4                              |
| Çity/State/Zip  | 7                                       |

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.

Caylo Windle, Asst. Secretary on behalf of Capitol Corporate Services, Inc. (Signature)

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

# Commonwealth of Kentucky Trey Grayson Secretary of State

#### **Certificate of Existence**

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

#### AL, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is May 18, 2005.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 25th day of October, 2005.

Certificate Number: 21700 Jurisdiction: Al, LLC

Visit <a href="http://apps.sos.ky.gov/business/obdb/certvalidate.aspx\_to">http://apps.sos.ky.gov/business/obdb/certvalidate.aspx\_to</a> validate the authenticity of this

certificate.



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Trey Grayson Secretary of State Commonwealth of Kentucky 21700/0613335