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Division of Corporations Public Access System

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(800) 221-0102

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Scoop Management LLC

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Corporate Filing Menu

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2010/012

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Scoop Management LI	c ·	
(New	is of Foreign Limited Liability Com		
Delaware	•	:	
sdiction under the law of which for	reign limited liability	(FKI number, if applies bl	(a)
pany is organized)	•	,	•
12/16/2005	5	Perpetual	
(Date of Organization)	(Duratio	n: Year limited liability corma	my will couse to
	1/1/06		
(Date first tra	nsacted business in Florida, if prior 08.501 & 603.502 F.S. to determine	to registration.)	
(See sections 6)	08.501 & 603.502 F.S. to determine	pensity liability)	
	532 Groadway	:	
		20000	=
New Yor	(Street Address of Principal (10012	
mana and varial business ad	dreams of the moneying mani-		h Mauras
name and usual business ad	dresses of the managing mem	bers or managers are as fo	offows:
	dresses of the managing mem		offows:
	- •		
	- •		
	- •		
Scoop Management Inc.	532 Broadway	New York	NY 10012
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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.

The name of	f the Limited Liability Compa Scoop M	anagement L	LC	• •	
2. The name ar	nd the Florida street address o	f the registered a	gent and office are:		
	National Corpo	rate Research	n, Ltd., Inc.		
		(Name)			
	515 Ea	st Park Aveni	ue		
	Florida Street Addre	ss (P.O. Box NOT	ACCEPTABLE)	-	**3
	Tollebooss				
	Tallahassee	FL	32301		
	iananassee	FL City/State/Zip	32301		
liability compan agent and agrec relating to the pi	med as registered agent and to y at the place designated in this to act in this capacity. I further roper and complete performancy y position as registered agent a	accept service of s certificate, I her er agree to compl ce of my duties, a	f process for the above reby accept the appoingly with the provisions and I am familiar with	intment as re of all statute and accept	gistered s

\$ 100.00 Filing Fee for Application

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

25.00 30.00

5.00

From:

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCOOP MANAGEMENT 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 NINTH DAY OF JANUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCOOP MANAGEMENT LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2005.

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





Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4434985

DATE: 01-09-06

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