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SLORE TARY OF SHALL DIVISION OF CORPORATION

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2005

AKARA KHANIL 180 N. TAYLOR AVE. NORWALK, CT 06854

SUBJECT: UNIVERSAL PARTNERS, LLC

Ref. Number: W05000055984

We have received your document for UNIVERSAL PARTNERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 105A00073006

COVER LETTER

~	istration Section sion of Corporations	
SUBJECT:	UNIVERSAL PARTNERS, LLC	
	(Name of Limited Liability Company)	
Florida," Ce	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in the state of Existence, and check are submitted to register the above referenced foreign limited appany to transact business in Florida	in
Please retur	n all correspondence concerning this matter to the following:	
	AKARA KHANII (Name of Person)	
	(Name of Person)	
	UNIVERSAL PARTNERS, LLC (Firm/Company)	2005 JAN 1 9
		ξ (
		AK
	(City/State and Zip Code)	
For further	information concerning this matter, please call:	
	AKARA Khantil at (203) 613-6216 (Name of Person) (Area Code & Doutine Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	
MA	ILING ADDRESS: STREET ADDRESS:	
	sion of Corporations Division of Corporations	
	Box 6327 Clifton Building	
1 alla	ahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amount: 25.00 Filing Fee \$ \$\sum_\$130.00 Filing Fee & \$\sum_\$\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy	ODV ·

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

N COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	žΝ
(Name of Foreign Limited Liability Company)	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
MARCH 30, 2005 (Date of Organization) 5. "PERPETUAL" (Duration: Year limited liability company will cease to exist or "perpetual")	SF CRE
Clostwo on AD Investment (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	TARY OF SI
1. 180 North TAYCOIC AVE-	<u>}</u>
NORWAY, CT 06854 (Street Address of Principal Office)	
9. The name and usual business addresses of the managing members or managers are as follows:	
180 NORTH TAYLOR ALE - AKARA KHANIT COM NORWALK, CT DES 54 TO The MANAGING MEMBER.	7
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.)	
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:	
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DEC-12-2005 17:34 FROM:GENERAL-MANAGER

4074205481

TO: 2038663529

P.1/1

12/02/2005 15:56

2038663529

UNIVERSAL PARTNERS 1

PAGE . 02

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.

_	gistered agent and office are:	
DO KHAHAII	GA	
(Nam	c)	2
11 PINE BA	4 DRIVE	2005 JAN 18
Florida Street Address (P.O.	Box NOT ACCEPTABLE)	
		2005 JAN 18 AM 4:
4	41 PIME BA Florida Street Address (P.O. MARY	(Name) (Name) (Name) (PIME BAY DRIVE Florida Street Address (P.O. Box NOT ACCEPTABLE) MARY FL 32746 City/State/Zip

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

Certified Copy (optional)

5.00 Certificate of Status (optional)

DEC-12-2005 03:52PM FAX:2038663529

ID: GENERAL-MANAGER

PAGE: 2022 R=95%

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNIVERSAL PARTNERS, 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-THIRD DAY OF NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSAL PARTNERS, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

SECRETARY OF SIGNEDIVISION OF CORPORATION:



Darriet Smith Hindson

AUTHENTICATION: 4319335

DATE: 11-23-05

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