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COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: MOU Systems Cont	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
John	Reeder me of Person)
(Na	me of Person)
MDU Sy.	STEMS CONTRACTORS LLC m/Company)
P.O. Bo	49212 (Address)
	te and Zip Code)
For further information concerning this matter, plea	ase call:
Name of Person)	at (404) 728-4373 - Sur 202 (Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee & Certificate of } \text{\$\text{Certificate of }} \text{\$\text{Filing Fee & Certificate of }} \text{\$\text{Certificate of }} \text{\$\text{Filing Fee & Certificate of }} \text{\$\text{\$\text{Certificate of }}} \$\text{\$\	\$\Boxed{155.00}\$ \text{Filing Fee & \$\Boxed{160.00}\$ \text{Filing Fee, Certificate}\$ Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Der pe to a (Duration: Year limited liability company will cease to 2002 (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) DEVAL COLVETTE 2002 I UCKER. (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: 30084 3776 CAVISTA RA. 30084 Kous MIKE 3442 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: Louis VOLTAGE FOR AUDIO VISUAL INSTALLATIONS 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.) Charles merrill Typed or printed name of signee

(FAX)7702167411

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: MPU Systems (antractors	- 60	<u>/</u> _
2.	The name and the Florida street address of the registered agent and office are:		
	KRISTY PAULK		
	(Name)	7 7 3 4 5 7 8 4 5 7 8 4 5 7 8 9 4 9 7 8 9 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	36 F
	960 ROGERO RD. SUME 5	星	18 FEB
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	ASSEE	日15 天
	JACKSONVICLE, FL 32211 City/Suic/Zip		M 10:
	City/Suste/Zip	OR BY	우

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 : 0210106
DATE INC/AUTH/FILED: 02/22/2002
JURISDICTION : GEORGIA
PRINT DATE : 02/10/2006

FORM NUMBER : 211

MDU SYSTEMS CONTRACTORS, LLC CHARLES B. MERRILL 1779 N. AKIN DR. ATLANTA, GA 30345

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

MDU SYSTEMS CONTRACTORS, LLC GEORGIA LIMITED LIABILITY COMP

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 Georgiasch the above daily 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 celater only to the tegs 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 Title 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.

20060210202526077



Cathy Cox Secretary of State