M0000001260

| • |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| • |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| • |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only

7



500065914525

SECRETARY OF STATE TAIL AHASSEE, FLORIDA

RECEIVED

06 MAR -2 PM 12: 43
WESTER AND ASSESSED AS THE PROPERTY OF ASSESSED AS THE PROPERTY OF

4. SRYMM MAR - 2 2006



| R SERVICE COMPANY. | |
|--|--|
| ACCOUNT NO. : 07210000032 | |
| REFERENCE : 897235 7523688 | |
| AUTHORIZATION : Spelle le man | |
| COST LIMIT : \$155.00 | |
| ORDER DATE: March 2, 2006 | |
| ORDER TIME : 11:31 AM | |
| ORDER NO. : 897235-015 | |
| CUSTOMER NO: 7523688 | |
| | |
| FOREIGN FILINGS | |
| NAME: NEW MANAGEMENT SERVICES LLC | |
| XXXX QUALIFICATION (TYPE: LL) | 2006 HAR -2 SECRETARY TALLAHASSE |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | Fft. |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | PM 1: 25 DF STATE FLORIDA |
| CONTACT PERSON: Carina L. Dunlap EXT# | |

EXAMINER:

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. New Management Services LLC |
| (Name of Foreign Limited Liability Company) |
| 2. Delaware 3. 20-3896314 |
| (Júrisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. 10/3/05 5. Derpetual |
| (Date of Organization) (Deration: Year limited liability company will cease to exist or "perpetual") |
| 6. Upon qualitication |
| Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 12276 San Jose Blvd., Suffer # 417 |
| -lack sonville, FL 32223 |
| (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: |
| Kent Mast Hanta, 6A 30309-2402 |
| Robert Nelson 475 Anton Blyd 92626-7037 |
| A MARCH AND STATE OF THE STATE |
| David Wolff Chicago, IL 60661-3614 |
| 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: Out Sourad |
| resource management. |
| |
| |
| Signature of a member of 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.) |
| Dand C. Vaughn |
| Typed or printed name of signee |

FILED

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 | e of the Limited Liability (| Company is: | |
|--|---|---|-----------------|
| New Managen | nent Services LLC | ······································ | |
| 2. The name | and the Florida street add | dress of the registered agent and office are: | ~~ [~] |
| | Corporation Service Com | pany | 2006 |
| | | (Name) | 2006 HAR |
| | 1201 Hays Street | SEX | ~ |
| | Florida Stree | et Address (P.O. Box NOT ACCEPTABLE) | PH :: |
| | Tallahassee | FL 32301 | |
| | | City/State/Zip | 25 |
| liability compagent and ag relating to th obligations of | pany at the place designated ree to act in this capacity. e proper and complete perf f my position as registered on Service Company | and to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as regist I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes. Jeanine Reynolds | tered |

as its agent

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

PAGE 3

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW MANAGEMENT SERVICES 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 SECOND DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW MANAGEMENT SERVICES LLC" WAS FORMED ON THE THIRD DAY OF OCTOBER, A.D. 2005.

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



4031679 8300

060207091

Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4561376

DATE: 03-02-06