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SECRETARY OF STATE TALLAHASSEE, FLORID

5 MAR - 2 PM 1: 2

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N SERVICE COMPANY		
ACCOUNT NO.	: 072100000032	
REFERENCE		
AUTHORIZATION	Symbole man	
COST LIMIT	; \$ 155.00	<del>-</del> -
ORDER DATE : March 2, 2006		
ORDER TIME : 11:29 AM		
ORDER NO. : 897235-005		
CUSTOMER NO: 7523688		
FOREIGN F  NAME: ONLINE DATA E	SECRETARY OF STAT TALLAHASSEE, FLORI EXCHANGE LLC	2006 MAR -2 PM 1:
XXXX QUALIFICATION (TYPE: L	<u>L</u> )	25
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD ST.	'ANDING	
CONTACT PERSON: Carina L. Dun	lap 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: (Jurisdiction under the law of which foreign limited liability company is organized) (Daration: Year limited liability company will cease to 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) (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: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the 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 eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Ohline Solu Hon 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.) Typed or printed name of signée

#### 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 Liabi	lity Company is:			
Online Data Excha	inge LLC			ŧ.	
2. The name an	d the Florida stree	et address of the registered agent and office are:		•	
	Corporation Service	e Company			
		(Name)	TA's	<u> 23</u>	
	1201 Hays Street		ECRE LLAH	2006 HAR	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		RETARY AHASSEI	1	
	Tallahassee	FL 32301	Y OF S	2 PH	1
		City/State/Zip	STA ATS	***	

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.

Corporation Service Company Jeanine Reynolds 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 1

# Delaware

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONLINE DATA EXCHANGE 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 "ONLINE DATA EXCHANGE LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2004.

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



Darriet Smith Hindson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4561375

DATE: 03-02-06

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