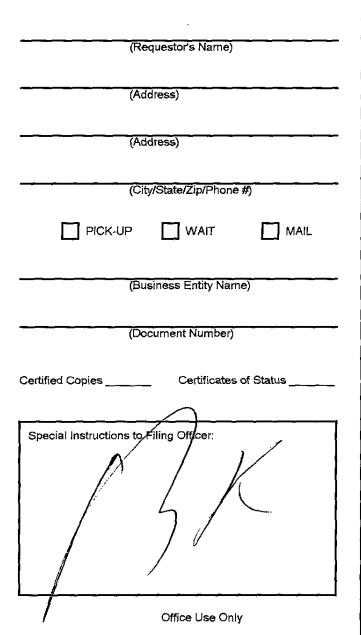
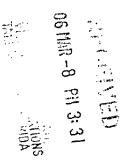
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2006 MAR -8 AM 8: 31 SECRETARY OF STATE



FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

THE SECRETARY OF STATE OF STAT

DATE:

03-08-06

NAME:

ONLINE MALL, LLC

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST:

\$125 + \$30= \$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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. OnLine	Mall, LLC			
	(Name of Foreign Limited Liability Company)			
2. Georgia	3.			
	tion under the law of which foreign limited liability (PEI number, if applicable) is organized) ber 9, 2005 5 Perpetual			
4. Decem				
·	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")			
6. upon q	ualification			
<u> </u>	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)			
245 Perimeter Center Parkway, Suite 700				
Atlanta	, Georgia 30346			
<u> </u>	(Street Address of Principal Office)			
8. If limi	ted 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:				
Jay G	lesen, 245 Perimeter Center Pkwy., #700, Atlanta, GA 30346			
John I	Fonzo, 1 Millennium Drive, Uniontown, PA 15401			
Steve	Wadley, 2880 Johnson Ferry Road, Sulte 100, Marletta, GA 30062			
the jurisdict	ed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records it ion under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a of the certificate under oath of the translator must be submitted.)			
11. Natu	re of business or purposes to be conducted or promoted in Florida:			
Retalle	r that sells merchandise online			
	an D			
	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.)			
	Jay Giesen, Manager			
	Typed or printed name of signee			

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.

	ne of the Limited Liability (Company is.	
OnLine Ma	ii, LLC		
2. The nan	ne and the Florida street add	ress of the registered agent and of	fice are:
	NRAI Services, Inc.	<u> </u>	
		(Name)	
	2731 Executive Park Di		
	Florida Stree	et Address (P.O. Box NOT ACCEPTABLE))
	Weston	FY 33331	
		City/State/Zip	
liability con agent and a relating to t	npany at the place designated gree to act in this capacity he proper and complete perf of my position as registered	and to accept service of process for d in this certificate, I hereby accept I further agree to comply with the p formance of my duties, and I am fam agent as provided for in Chapter 60	the appointment as registere rovisions of all statutes viliar with and accept the

\$ 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 : 0582343
DATE INC/AUTH/FILED: 12/09/2005
JURISDICTION : GEORGIA
PRINT DATE : 03/08/2006
FORM NUMBER : 211

TRIAD PROFESSIONAL SERVICES KAREN RODRIGUEZ 2050 MARCONI DRIVE SUITE 150 ALPHARETTA, GA 30005

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 safof the above print date

GEORGIA DIMITED HABILITY COMPANY

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 of was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation parally other similar document with the Office of the Secretary of State.

This certificate relates only to the legal 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 withdraws , 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.

20060308155921022



Cathy Cox Secretary of State