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(Dawyana Nawa)				
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				



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SECRETARY OF STATE DIVISION OF CORPORATIONS

Office Use Only

J. BRYAN JUN 1 4 2006

#### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Assisted Consulting, LLC		
(Name of Limit	ted Liability Company)	
The enclosed "Application by Foreign Limited Liab Florida," Certificate of Existence, and check are sub liability company to transact business in Florida		
Please return all correspondence concerning this ma	atter to the following:	
Philip M. Rees		
(Nar	ne of Person)	- 4
Assisted Consulting, LLC		OF JU DIVISION
(Fire	m/Company)	王显
400 Bombay Lane		OF JUN 12 PH 1: 44
(	(Address)	H
Roswell, Georgia 30076	<b>)</b>	4 35
(City/Sta	ate and Zip Code)	
For further information concerning this matter, plea	ase call:	
Philip M. Rees	at (770 ) 992-0441	
(Name of Person)	(Area Code & Daytime Telephone Number	er)
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  [2] \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, C Status Certified Copy of Status & C	Certificate Certified Copy

### 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:

Assisted Consulting, LLC		·		
(Name of Foreign	Limited L	iability Company)		
2. Georgia		20-2043622		
(Jurisdiction under the law of which foreign limited company is organized)	liability	(FEI number, if applicable)		
12/09/2004	5			
(Date of Organization)	-	(Duration: Year limited liability company will exist or "perpetual")	cease	to
(Data first transported busin	ness in Ele	vide if prior to registration		
(See sections 608.501 & 608	8.502 F.S.	rida, if prior to registration.) to determine penalty liability)	_	<u>=</u>
400 Bombay Lane			90	SEV
	· · · · · · · · · · · · · · · · · · ·		E	
Koswell, GA 30076		of Principal Office)	~	
(Street	Address	or Principal Office)	PM	200
3. If limited liability company is a manager-m	nanaged	company, check here	<b>=</b>	85
	_		=	
9. The name and usual business addresses of t	the mana	aging members or managers are as follows	: =	HS.
James J. Andrews, 400 Bombay Lar	ne, Ros	well, GA 30076		
Philip M. Rees, 400 Bombay Lane,	Roswe	ell. GA 30076		
Kerry S. Emrick, 400 Bombay La	ane, R	oswell, GA 30076		
10. Attached is an original certificate of existence, no mon the jurisdiction under the law of which it is organized. (A ranslation of the certificate under oath of the translator mu	photocopy	is not acceptable. If the certificate is in a foreign lan		
1. Nature of business or purposes to be cond	lucted or	promoted in Florida:	· ·	<u>·</u>
$\cap$ $\cap$				
Mru	·			<u> </u>
(In accordance with section 608 an affirmation under the penalt	8.408(3), F.	thorized representative of a member.  S., the execution of this document constitutes iry that the facts stated herein are true.)		
James J. Andrews				
Typed or	r printed	name of signee	٠	

## 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.

	of the Limited Liability Company is:  d Consulting, LLC	
2. The name a	and the Florida street address of the registered agent and office are:	
	C T Corporation System	90 DIVIS
	(Name)	DE JUN-12
	1200 South Pine Island Rd.	12
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH
	Plantation, FL 33324	ORALIO::0
	City/State/Zip	_

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.

Jennifer F. Aultman Assistant Secretary (Signature)

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

Control No. 0472900

## STATE OF GEORGIA

### Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### ASSISTED CONSULTING, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 12/09/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 relates only to the legal existence of the above-named entity as of the date issued. 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 certificate is issued pursuant to 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 7th day of June, 2006

Cathy Cox Secretary of State

Certification Number: 109374-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp