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#### **COVER LETTER**

Division of Corporations
SUBJECT: AWARDS RETAIL VENTURES, LLC
(Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Charles R. Maxwell II
(Name of Person)
Charles Ray Maxwell II, P.A.
(Firm/Company)
3975 Forrestal Avenue, Suite 600
(Address)
Orlando, FL 32806
(City/State and Zip Code)
For further information concerning this matter, please call:
Charles R. Maxwell II at ( 407 ) 240-2666
(Name of Person) (Area Code & Daytime Telephone Number)
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:  \$\Bigsim \mathbb{\text{\$\subset\$125.00 Filing Fee}} \Bigsim \mathbb{\text{\$\subset\$\$\$\text{\$\subset\$130.00 Filing Fee & Bigsim \$\subset\$\$\text{\$\subset\$\$\text{\$\subset\$}\$} \Bigsim \mathbb{\text{\$\subset\$}\$} \Bigsim \mathbb{\text{\$\subset\$}\$} \Bigsim \mathbb{\text{\$\subset\$}\$} \Bigsim \mathbb{\text{\$\subset\$}\$} \Bigsim \mathbb{\text{\$\subset\$}} \Bigsim \mathbb{\text{\$\subset\$}}\$ \Bigsim

### 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:

,	AIL VENTURES, LLC (Name of Foreign Limited Liability Company)
DELAWARE	the law of which foreign limited liability 3. 20-1179979 (FEI number, if applicable)
company is organize	
May 21, 2004	5. PERPETUAL
	te of Organization) (Duration: Year limited liability company will cease to
	exist or "perpetual")
May 21, 2004	(Date first transacted business in Florida, if prior to registration.)
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
THE CORPOR	RATION TRUST COMPANY, CORPORATION TRUST CENTER,
1209 ORANGE	E STREET, WILMINGTON, DE 19801
	(Street Address of Principal Office)
. If limited liabili	ity company is a manager-managed company, check here
. The name and u	usual business addresses of the managing members or managers are as follows:
WARREN STR	RUHL, 5100 BOCA TOWN CENTER, SUITE 510, BOCA RATON, FL 33486
<u> </u>	
0. Attached is an origi	inal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco
e jurisdiction under th	he law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
enslation of the certific	icate under oath of the translator must be submitted.)
1 Natura of busi	iness or purposes to be conducted or promoted in Florida: ANY AND ALL LAWFUL
1. Ivature of ousi	mess of purposes to be conducted of promoted in Florida.
BUSINESS	
	AL DING S
	Signature of a member or an authorized representative of a member
	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 R. MAXWELL II, as authorized agent of Warren Struhl
	m 1 ' 1 C ' → f
	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.

	· · · · · <del>-</del>	 	 	-
FLORIDA.				

1. '	The name of the Limited Liability Company is:	
A۷	VARDS RETAIL VENTURES, LLC	

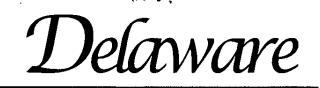
2. The name and the Florida street address of the registered agent and office are:

Charles Ray Maxwell II, P.A.				
	(Name)			
3975 Forrest	al Avenue, Suite 600			
Florio	a Street Address (P.O. Box NOT ACCEPTABLE)			
Orlando	FL 32806			
<u>—</u>	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.

Challe (Signature)

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



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#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AWARDS RETAIL VENTURES, 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 TWENTY-FOURTH DAY OF MARCH, A.D. 2006.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 4619094

DATE: 03-24-06

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