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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	Ansertea	am, L.L.C.	
	(Name of I	Limited Liability Company)	•
	xistence, and check ar	Liability Company for Authorization to Tre submitted to register the above reference a	
Please return all correspo	ndence concerning th	is matter to the following:	
	Neil J.	Kuenn	
		(Name of Person)	
	Keeley, k	Kuenn & Reid	
		(Firm/Company)	
	150 N. Wack	er Drive, Suite 1100	FILED 06 JUL -5 PM 1:53 SECRETARY OF STATE FLORIDA
		(Address)	HILED -5 PM XBY OF SSEE, FI
	Chicago,	Illinois 60606	ED PM 1: OF STA FLORE
	(City	//State and Zip Code)	53 IDA
For further information c	oncerning this matter,	please call:	
Neil J. Ku	enn	at (_312) 782-1829	
(N	ame of Person)	(Area Code & Daytime Telephone	Number)
MAILING ADD Division of Corpo P.O. Box 6327 Tallahassee, FL 3	prations	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for th ☐\$125.00 Filing Fee	e □\$130.00 Filing Fe		ng Fee, Certificate Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2006

NEIL J KUENN KEELEY,KUENN & REID 150 N. WACKER DRIVE, STE 1100 CHICAGO, IL 60606

SUBJECT: ANSERTEAM, L.L.C. Ref. Number: W06000027624

We have received your document for ANSERTEAM, L.L.C. and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 906A00040974

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. Anserteam, L.L.C.			_
(Name of For	eign Limited Li	ability Company)	
2. Delaware	3.	26-0098804	•
(Jurisdiction under the law of which foreign lim company is organized)	ited liability	(FEI number, if applicable)	_
4. October 1, 2004	5.		_
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	•
6. N/A			-
(Date first transacted (See sections 608.501 a	business in Flor & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)	
7. 525 SW 5th Avenue, Suite A			
Des Moines, IA 50309			
(5	treet Address o	of Principal Office)	
8. If limited liability company is a manag	er-managed	company, check here	06 JUL
9. The name and usual business addresses	s of the mana	ging members or managers are as follows:	2
Sue Romanos	Philip E. Ja	keway, III 휴요	PM L
10689 N. Kendall Drive, Suite 209	10 E. 40th	Street, Suite 1300	l: 5 ₃
Miami, FL 33176	New York	, NY 10016	_
<u>-</u>	l. (A photocopy	ays old, duly authenticated by the official having custody of r is not acceptable. If the certificate is in a foreign language, a itted.)	
11. Nature of business or purposes to be	conducted or	promoted in Florida: The company is formed for	or_
all legal purposes pursuant to the p	ovisions of	Florida law.	 •
<u> Dece</u>	Lois	conos	
(In accordance with section	on 608.408(3), F.S	horized representative of a member. S., the execution of this document constitutes ry that the facts stated herein are true.)	
Su	ie Romanos		

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.

1. The name of	the Limited Liability Co	ompany is:					
	Anserteam, L.L.C.				<u>.</u>		
2. The name an	d the Florida street addre	ess of the registere	ed agent and office a	are:			
	Sue Romanos		<u> </u>	<u>.</u>	F (0	90	
		(Name))UL 8	
	10689 N. Ken	dall Drive, Suit	e 209		SSAE ESTER		
	Florida Street	Address (P.O. Box N	IOT ACCEPTABLE)		200 Ed. 1	E C	Œ
	Miami	<u>FL</u>	33176			- n	
		City/State/Zi	ip		٠. د)	

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.

(Signature)

\$ 100.0	Filing Fee for Application	
\$ 25.0	Designation of Registered Age	nt
\$ 30.0	Certified Copy (optional)	
\$ 5.0	Certificate of Status (optional)	

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANSERTEAM, L.L.C." 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-SIXTH DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANSERTEAM, L.L.C." WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2004.

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



Warriet Smith Windson

AUTHENTICATION: 4854687

DATE: 06-26-06

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