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From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

ELORIDA/FOREIGN LIMITED LIABILITY CO.

MACSWELL ACQUISITIONS, LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORSE CREATED OF STATE TRANSACT BUSINESS IN FLORIDA INCLUDING FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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	(Unt	Hrst transacted business	in Florida, if prior	to registration.)	
	(500.5)	ections 608.501 & 608.50	2 F.S. to determine	ponetty (lability)	
Steenberg Tinuri	e, LLP	Attn: Kelly Herring			· · <u></u>
The Nemopra Bui	ilding	1007 North Street	Suite 1200	Wilmington, DE	19801
		(Street Ad	dress of Principal C	Hice)	
if limited liabi	lity compe	ny is a manager-man	aged commany o	hook here [x]	
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The name and	usual, busi	ness addresses of the	managing meml	oers or managers a	re as follows:
AR Holdco, LL	С				
					
c/o Greenberg T	raurig, LLP	Attn: Kelly Herr	ing	وروان والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع و	
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2006 JUL -5 A 10: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

I. The name of the Limited Lizbility Conn	Potents Inc
Macawall Acadaktions, LLC	pally 13.
2. The name and the Florida street address	of the registered agent and office are:
C1	Corporation System
	(Name)
1200	South Pine Island Read
Florida Street Add	INSER (P.O. BOX NIVI ACCEPTABLE)
. Plan	ration, Florida 33324
	City/Ebsto/Zip
liability company at the place designated in ti agent and agree to act in this capacity. I furth relating to the proper and complete performa obtainions of my position as registered agent Topposition System	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes nee of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes. Pater F. Souza
(Signature)	ssistant Secretary
P 180 00.	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30,00	Curified Copy (eptional)
\$ 5.00	Certificate of Status (optional)
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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MACSWELL ACQUISITIONS, 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-NINTH DAY OF JUNE, A.D. 2006.

4184154 8300 060627447 Warriet Smith Hindson Secretary of State 2012

DATE: 06-29-06