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SECHETARY OF STATE

SEP 22 PM I2

COVER LETTER

	MONI Holding	ac II C	
SUBJECT:		Limited Liability Company)	
	(Name of	Elimied Liability Company)	
Florida," Certific		d Liability Company for Authorization to Trange and the submitted to register the above referenced factorial.	foreign limited
Please return all	correspondence concerning th	nis matter to the following:	06 SEP 22 PM 12: 40 SECRETARIESEE FLORIC TALLAHISSEE
	Patricia A. Hoffman		SATE P
		(Name of Person)	#12: 41 OF STAT E FLORI
	telent LLC		DE C
_		(Firm/Company)	
	333 Pierce Road - Suite 370		
		(Address)	
	Itasca, Illinois 60143		
	(Cit	y/State and Zip Code)	
For further infor	mation concerning this matter	, please call:	
Patricia A	. Hoffman	at (630) 285-5303	
	(Name of Person)	(Area Code & Daytime Telephone N	lumber)
MAILIN	G ADDRESS:	STREET ADDRESS:	
Division	of Corporations	Division of Corporations	
P.O. Box	6327	Clifton Building	
Tallahass	ee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a che ■ \$125.00	-		Fee, Certificate

TO: Registration Section

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:

	(Name of Foreign L	imited Liabili	ty Company)	
Del	aware	3	94-3227019	
	on under the law of which foreign limited liss organized)	ability	(FEI number, if applicable	le)
Ma	y 9, 2003	5	Perpetual	
	(Date of Organization)	(e	Duration: Year limited liability compa xist or "perpetual")	my will cease to
Up	on qualification			
	(Date first transacted busine (See sections 608.501 & 608.	ss in Florida, 502 F.S. to de	if prior to registration.) termine penalty liability)	=:0
333	Pierce Road - Suite 370		•	EC.
Itas	ca, Illinois 60143			1583 1543
	•	Address of Pri	ncipal Office)	T O
If limite	d liability company is a manager-ma	naged com	pany, check here	SECRETARY OF STAIL
The nan	ne and usual business addresses of th	e managing	o members or managers are as f	کر
			-	0110 110.
M Com	munications North America LLC	333 Pierce Ro	oad - Suite 370, Itasca, Illinois 60143	
			.	
	I is an original certificate of existence, no			
stody of re	cords in the jurisdiction under the law o	f which it is	organized. (A photocopy is not acc	ceptable. If the ce
stody of re in a forei	ecords in the jurisdiction under the law ogn language, a translation of the cert	f which it is ificate unde	organized. (A photocopy is not accer oath of the translator must be	ceptable. If the ce submitted.)
stody of re in a forei	cords in the jurisdiction under the law o	f which it is ificate unde	organized. (A photocopy is not accer oath of the translator must be	ceptable. If the ce submitted.)
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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 Company is:			
_	MONI Holdings LLC			
2.	The name and the Florida street address of the registered agent and office are:			
	C T Corporation System	_	96	
	(Name)	ή ()	06 SEP	
		H	P 22	<u>-T1</u>
	1200 South Pine Island Road $rac{69}{22}$	رِدُ	\sim	m
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	_ Q:	PM	
		S	<u>12</u>	
	Plantation, Florida 33324	語	PH 12: 40	
	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.

By:

C T Corporation System

James M. Halpin

Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 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 "MONI HOLDINGS 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2006.

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



Warret Smile Windson

AUTHENTICATION: 5042215

DATE: 09-14-06

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