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7	
0	IN SERVICE COMPANY.
	ACCOUNT NO. : 072100000032
	REFERENCE : 670270 7470396
	AUTHORIZATION : The Blend
	COST LIMIT : \$ 125.00
	ORDER DATE : December 15, 2006
	ORDER TIME: 3:35 PM
	ORDER NO. : 670270-010
	CUSTOMER NO: 7470396
	FOREIGN FILINGS
	NAME: RETAILCONNECT LLC
	XXXX QUALIFICATION (TYPE: LL)
	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
	XX PLAIN STAMPED COPY
	CONTACT PERSON: Heather Chapman EXT# 2908

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

MITED LIABILITY COMPANY TO TRANSACT I		IATE OF PLONIDA:	S SEE		
1. RetailConnect LLC (Name of Foreign Limited Liability Company)					
	roreign Limitea Lia	ibility Company)	Te		
Delaware	3.	20-5042152			
(Jurisdiction under the law of which foreign company is organized)	limited liability	(FEI number, if applicable)	بن ر		
03-03-2006		Perpetual	52		
(Date of Organization)	5.	(Duration: Year limited liability company will cease to	6		
(Date of Organization)		exist or "perpetual")	7		
Upon Qualification					
Upon Qualification (Date first transact	ed business in Flori	da, if prior to registration.)			
	01 & 608.502 F.S. to	determine penalty liability)			
C/O DAS, 437 Madison Avenue					
Nam Varla NV 10022					
New York, NY 10022	(Street Address of	Bringing Office)			
		•			
	ager mamagea et	ompany, check here			
The name and usual business addres		ing members or managers are as follows:			
The name and usual business addres DAS Holdings Inc., 437 Madison Avenue	ses of the manag	ing members or managers are as follows:			
	ses of the manag	ing members or managers are as follows:			
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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.

	e of the Limited Liability C	ompany is:				
RetailConnec	t LLC					
2. The nam	e and the Florida street add	ress of the registered agent and off	ice are:			
	Corporation Service Comp	pany				
		(Name)				
	1201 Hays Street					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Tallahassee	FL 32301				
		City/State/Zip				
liability com agent and ag relating to th obligations o	pany at the place designated gree to act in this capacity. I se proper and complete perfo	and to accept service of process for in this certificate, I hereby accept t further agree to comply with the pr rmance of my duties, and I am fam gent as provided for in Chapter 60	he appointment as registered covisions of all statutes iliar with and accept the			

\$ 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 "RETAILCONNECT 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 FIFTEENTH DAY OF DECEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RETAILCONNECT LLC" WAS FORMED ON THE THIRD DAY OF MARCH, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



AUTHENTICATION: 5284272

DATE: 12-15-06