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DIVISION OF COMPORATION

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _	GO FISH INVESTMEN	TS, LLC		
_	(Name of Limi	ted Liability Company)		
Florida," Certi		pility Company for Authorization to Transact Business in pomitted to register the above referenced foreign limited		
Please return a	all correspondence concerning this ma	atter to the following:		
	JOHN C. BOVAY, ESQUIRE			
(Name of Person)				
	BOVAY, COOK & OSSI, P.A.			
(Firm/Company)				
	901 N.W. 57th STREET			
(Address)				
	GAINESVILLE, FLORIDA 32605			
	(City/Sta	te and Zip Code)		
For further information concerning this matter, please call:				
JOHN	C. BOVAY	at (352)331-9092		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\Bigsim \mathbb{\text{\$125.00 Filing Fee}} \Bigsim \mathbb{\text{\$130.00 Filing Fee}} \Bigsim \mathbb{\text{\$\$155.00 Filing Fee}} \Bigsim \Bigsim \mathbb{\text{\$\$160.00 Filing Fee}}, Certificate Copy Certificate of Status Certified Copy of Status & Certified Copy				

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: GO FISH INVESTMENTS, LLC (Name of Foreign Limited Liability Company) 20-5931605 Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) "perpetual" November 22, 2006 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") n/a (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 2722 Centerville Road, Suite 400, Wilmington, DE 19808 500 N.W. 43rd Street, Suite 3, Gainesville, FL 32607 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows LEAH E. LYTLE, 500 N.W. 43rd Street, Suite 3, Gainesville, FL 32607 NEIL H. ROSIN, 500 N.W. 43rd Street, Suite 3, Gainesville, FL 32607 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) any lawful purpose. 11. Nature of business or purposes to be conducted or promoted in Florida: ____ 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.)

Typed or printed name of signee

JOHN C. BOVAY, ESQUIRE

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:
GO FISH INVESTMENTS, LLC
2. The name and the Florida street address of the registered agent and office are:
JOHN C. BOVAY (Name)
901 N.W. 57th Street Florida Street Address (P.O. Box NOT ACCEPTABLE)
Gainesville FL 32605 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.

S 1	100.00	Filing Fee for Application
\$	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
¢	5.00	Certificate of Status (ontional)

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "GO FISH INVESTMENTS, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2006, AT 1:50 O'CLOCK P.M.



Varret Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5226001

DATE: 11-27-06

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