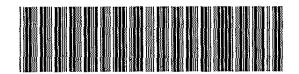
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(South and South				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: ROO, LLC (Name of Limited Li	ability Company)			
The enclosed "Application by Foreign Limited Liability of Florida," Certificate of Existence, and check are submitted liability company to transact business in Florida.				
Please return all correspondence concerning this matter to	o the following:			
James St.	Clair			
(Name of	Person)			
ROO LLC				
(Firm/Cor	npany)			
1098 SW 21				
(Address)				
Boca Ration (City/State and				
For further information concerning this matter, please call:				
(Name of Person) at (Tol 703-6699 Area Code & Daytime Telephone Number)			
Division of Corporations P.O. Box 6327 Clift Tallahassee, FL 32314 2661	EET ADDRESS: sion of Corporations on Building Executive Center Circle shassee, FL 32301			
Enclosed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee} \\$130.00 \text{ Filing Fee & } \\$ Certificate of Status	155.00 Filing Fee & \$\Bigsim \$160.00 Filing Fee, Certificate 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: (Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1098 (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: 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) 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

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:

K	200	110.	
2. The name and the Florida stre	et address o	of the registered agent and office are	:
	James	St. Clair (Name)	<u></u>
10 ⁵		N M St Lave ress (P.O. Box <u>NOT</u> ACCEPTABLE)	and the second s
Box	Rad	on FL 33496 City/State/Zip	
liability company at the place designates and agree to act in this caparelating to the proper and complete	gnated in th acity. I furth te performan	o accept service of process for the about the communistic certificate, I hereby accept the appoint agree to comply with the provision ance of my duties, and I am familiar with as provided for in Chapter 608, Flor	ointment as registered ns of all statutes ith and accept the
(Signature)			ZIETAPA 18
	\$ 100,00 \$ 25.00 \$ 30,00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)	PHI2: 33

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROO, 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 APRIL, A.D. 2007.

2007 APR 18 PM 12: 33
SECRETARY OF STATE
PART CHASSEE, FLURIUM



3042773 8300

070411996

Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5594016

DATE: 04-14-07