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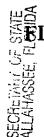
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ORIDA/FOREIGN LIMITED LIABILITY CO.

Atlantic Advisory Partners, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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

IN COMPLANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limite	ed Liability Company)		
Delaware (Jurisdiction under the law of which foreign limited liabilit company is organized)	y (FEI number, if application	nle)	
04/10/07 (Date of Organization)	5. Perpetual (Duration: Year limited liability compexist or "perpetual")	cany will cea	se to
upon filing	·		
(Date first transacted business in (See sections 608.501 & 608.502 f	Florida, if prior to registration.) F.S. to determine penalty liability)		
1560 N. Orange Avenue, Suite 660		<u> </u>	
Winter Park, Florida 32789	· ·		
(Street Addre	ess of Principal Office)		
If limited liability company is a manager-manage. The name and usual business addresses of the manager.	•	ALL AND SECRETS	2001 APR
FDL Ventures, LLC	anaging memoey, or managers are as	0 A8	23 A
1560 N. Orange Avenue, Suite 660		FL 02	<u> </u>
Winter Park, Florida 32789	·	Ē,	32
O. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photocurstation of the certificate under onth of the translator must be set. Nature of business or purposes to be conducted.	copy is not acceptable. If the certificate is in a foundated.)	órcign langua	ge, a
1. Nature of ousiness of purposes to be conducted	Tot promoted the Florida.		
(In accordance with section 608,408(3	authorized representative of a member 3). F.S., the execution of this document constitutes		
·	perjury that the facts stated herein are true.) zed representative of member		

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.

FLORIDA.			
1. The name o	The Limited Liability Company is:		
Atlantic Ac	lvisory Partners, LLC		
2. The name a	nd the Florida street address of the registered agent and office are:		
. ,	Intrastate Registered Agent Corporation	_	
	(Name)	_	
	200 S. Orange Avenue, Suite 2600		7
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	SECRE	2007 AP

Having been named as registered agent and to accept service of process for the above stated-limited? Itability 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.

32801

ngnature)

Orlando

\$ 100.00 Filing Fce 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 "ATLANTIC ADVISORY PARTNERS, 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 TWENTIETH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIC ADVISORY PARTNERS, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2007.

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

2007 APR 23 AM 8: 32 SECRETARY OF STATE TALL AHASSEE, FLORIDA

4331839 8300 070460552



Varnet South Mandon

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5611850

DATE: 04-20-07