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COVER LETTER

Division of Corporations
SUBJECT: FIRST Choice Network UC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
JANELLE JENIUNS (Name of Person)
(Name of Person)
Firest Choice Broilerage (Firm/Company)
9432 Baymensows Roas, Suite 260 Es B (Address)
Jacksmoille Floryda 32256 SER I (City/State and Zip Code)
Address) Address) Address) ARETARY City/State and Zip Code) For further information concerning this matter, please call:
Janette Jenicins at (904) 733-1206 (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 \frac{1}{2}\$.00 Filing Fee \$\Bigsim \frac{1}{2}\$130.00 Filing Fee \$\Bigsim \frac{1}{2}\$155.00 Filing Fee \$\Bigsim \frac{1}{2}\$160.00 Filing Fee, Certificate Certificate of Status \$\Bigsim \text{Certified Copy}\$ of Status \$\Bigsim \text{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: JOICE (Jurisdiction under the law of which foreign limited liability company is organized) PERPENDEL (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) See sections 608.501 & 608.502 F.S. to determine penalty liability) BALMEADOWS 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 . WALDENMAIER - 9432 ACKSONVILLE, FL rs. 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: WARKELING O INSURANCE

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.)

RAIQ H. WOUDEN MAIER
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.

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 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 "FIRST CHOICE NETWORK, 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 FOURTH DAY OF MAY, A.D. 2007.

AND THE PROPERTY OF THE PROPER

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5648640

DATE: 05-04-07

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