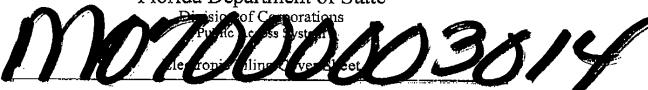
Florida Department of State



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Division of Corporations

Fax Number : (850)205-038

From.

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

'Account' Number : I2002000094

Phone : (770)777-2091

fax Number : (770)220-1943

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SECRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CAPRI Enterprises LLC

RECEIVED
7 HAY 21 PH 2: 19
SECRETALL OF STATE
ALLAHASSEE, FLORIDA

| Certificate of Status | 1 |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Enterprises LLC
(Name of Foreign Limited Liability Company) company is organized) (Date first transacted business in Florida, if prior to registration.) See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: Mundheim, 20 Horseneck Lane, Greenwich CT 06830 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 only of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Holding Company 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.) Gary Elzweig

Typed or printed name of signee

1. The name of the Limited Liability Company is:

CAPRI Enterprises LLC

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.

| 2. The name and the Florida street address of the registered agent and office are: | | |
|--|------------|-------|
| | Ħ | |
| NRAI Services, Inc. | 07 P | Emple |
| | LANGUA MAY | |
| 2731 Executive Park Drive Su Florida Street Address (P.O. BOX NOT ACCEPTABLE) | | 7 |
| 7.7.7.7.1 | E A | |
| City/State/Zip | ID: r | |
| Cityoutable | D.74 1.2 | |

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.

/(Signature

Sharon Gray, ASST Secretary

\$ 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 "CAPRI ENTERPRISES, 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 TWENTY-FIRST DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPRI ENTERPRISES, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2007.

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

OT MAY 21 AH 10: 02
SECRETARY OF STATE,
TALLAHASSEE, FLORIF,

4290663 8300 070592524 west Smith Thindson

Harrist Smith Windsor, Secretary of State

AUTHENTICATION: 5692377

DATE: 05-21-07