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ORIZATION BY PHONE TO.



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05/29/07--01014--005 **87.50

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SECRETARY OF STATE TALLAHASSEF, FI ORIDA

COVER LETTER

_	fration Section on of Corporations						
SUBJECT:	至0~	O (Name of Lif	bL <	Company)	ublic lu	abuly	compa
Florida," Cert	"Application by Foreig tificate of Existence, and pany to transact busines	d check are s	submitted to re				
Please return	all correspondence con	cerning this	matter to the fo	llowing:			
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For further in	formation concerning t	his matter, p	lease call:				
	C M JJRSE (Name of Pers	son)	at (95 (Area Co	4) 42 ode & Daytin	9 29 (ne Telephone	Number)	
	LING ADDRESS:		STREET A		•		
	ion of Corporations Box 6327		Division of Clifton Bui	Corporations	}		
	nassee, FL 32314			itive Center C	Circle		
	check for the following 5.00 Filing Fee \$130.	g amount: .00 Filing Fee & Certificate		Filing Fee & Certified Copy	□\$160.00 Fili of S	ng Fee, Certi Status & Cer	



May 31, 2007

CARL M. NURSE 6464 NW 5TH WAY FT. LAUDERDALE, FL 33309

SUBJECT: ZONO PLC

Ref. Number: W07000026037

We have received your document for ZONO PLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

There is a balance due of \$37.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Document Specialist

Letter Number: 607A00037447

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

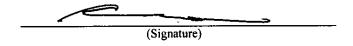
IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. ZONO DL (Name of Foreign Limited Liability Company)
· · · · · · · · · · · · · · · · · · ·
2. Compose the law of which foreign limited liability company is organized) 2. Compose the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. SEP 16 2005 (Date of Organization) 5. Description: Year limited liability company will cease to exist or "perpetual")
6. SEP 16 2665 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 6464 NW 5th WAY.
ET LANSALDAGE FL 33309
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
o. If thinted hability company is a manager managed company, encor here
9. The name and usual business addresses of the managing members or managers are as follows:
<u>CHULSE</u>
6464 NW 5K WAY
FT. LAVOURDINE JE 33309
4
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
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: Lea Estate
Management Company
- Contract Conductor
Signature of a member or an authorized representative of a member
CAPI HALIPET OF N
Typed or printed name of signee
Typed of printed name of signed

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	I the Florida street address of the registered agent and office are:
	CARL M NULSE
•	(Name)
	6464 NW 5th WAY
•	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Pt. Landerdall 33307
	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.



1. The name of the Limited Liability Company is:

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

Z007 JUN 26 PM 3: 25
SECRETARY OF STATE

POWER OF ATTORNEY TO MANAGE BUSINESS INTERESTS

KNOW ALL MEN BY THESE PRESENTS:

That Ms. Joan Jacques residing at 59 Citronier, Roseau 00152, The Commonwealth of Dominica in her capacity as Director of **Zono Pic**, Registered Office at 8 Copthall, Roseau Valley 00152, The Commonwealth of Dominica, being of sound mind and fully capable under the law, do hereby appoint **Carl M Nurse**, holder of passport #047123594 of the USA issued 19 March 2004, residing at 2534 N Miami Ave., Miami, Florida, 33127, USA, as attorney-in-fact for **Zono Pic**

1

The Attorney in Fact shall have a right to act for and on the behalf of **Zono Pic** in any activities that **Zono Pic** has an interest, having the power to:

- Negotiate, conclude and sign contracts;
- Settle and sign financial and/or any commercial documents;
- Receive and transfer documentation necessary to perform business activities of Zono Pic;
- Form partnership, joint ventures, and/or corporations;
- Open, close and solemnly operate bank accounts of Zono Pic;
- Perform any other activity providing it is within the laws of the Commonwealth of Dominica and the laws of the Country where such activity is undertaken.

II

Notwithstanding what have been said herein, the attorney is free to delegate his powers contain herein to any fit and proper person.

TTT

If any provision of this Power of Attorney is held inoperable or invalid, it is **Zono**. **Pic**'s intention that all of the remaining provisions hereof shall continue to be fully operative and effective.

IV

This Power of Attorney shall become effective at 3:07 p.m. on the 23rd day of May 2006 and is valid for one year until the 22nd day of May 2007.

I hereby sign this Power of Attorney of my own free will, as Director of **Zono Pic** this 23rd day of May 2006.

on behalf of Zono Pic

Ms. Joan Jacques - Director



2001 JUN 26 PM 3: 25
SECRETARY OF STATE
TALL AHASSEE ELEGISTICS





COMMONWEALTH OF DOMINICA

IN THE MATTER OF

INTERNATIONAL BUSINESS COMPANIES (IBC) ACT 1996

AND

IN THE MATTER OF CHANGE OF NAME OF:

Swiss Marketing GmbH

I DO HEREBY CERTIFY that Swiss Marketing GmbH. which was incorporated on the 16th day of September, 2005 has changed its name to Zono Plc. and that Zono Plc. is incorporated under the International Business Companies (IBC) Act 1996 and that the Company is limited by shares.

GIVEN under my hand this 14th day of March 2006

JN 26 PM 3: 25
TARY OF STATE HASSEE, FLORID,

REGISTRAR OF COMPANIES COMMONWEALTH OF DOMINICA