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TILED STATE OF STATE OF CORPORATIONS

COVER LETTER

_	on of Corporations		
SUBJECT:	MEC Labs, LL (Name of	Limited Liability Company)	-
Florida," Cert		I Liability Company for Authorization to Tree submitted to register the above reference da	
Please return	all correspondence concerning th	nis matter to the following:	
	David C Clou	(Name of Person)	
•		(Name of Person)	1773
	MEC Labs, L	1. <i>C</i> .	OT JUL 17 PH12: 40
		(Firm/Company)	OF A
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	412 Boardu	urlk	HIS OR I
		(Address)	
	1		0 %
	Jacksonville	e Beach 7L 32250	
	, (Cit	y/State and Zip Code)	•
For further in	formation concerning this matter	, please call:	
<u>B</u>	uff McIlvath	at (904) 343 - 7305 (Area Code & Daytime Telephon	27 - 1 - 2
	(Name of Person)	(Area Code & Daytime Telephon	e Number)
	LING ADDRESS:	STREET ADDRESS:	
	on of Corporations Box 6327	Division of Corporations Clifton Building	
	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: 5.00 Filing Fee \$130.00 Filing Fo Certifica	ee & 🔲 \$155.00 Filing Fee & 🔀 \$160.00 Fil	ing Fee, Certificate 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: MEC Labs, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") MEC LABS. LLC of Jacksonville Beach (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") Jelaware
(Jurisdiction under the law of which foreign limited liability (Date of Organization) Perpetual
(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) 412 Boardwalk Jacksonville Beach 7L 32250 (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: egital Trust, Inc. (the sole member) 412 Boar Dwalk Jacksonville Beach, 7L 32250 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: Consulting Services - Marketing Danela Clowe, Treasurer 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.

f name unavailable, the alternate name to be used in the state of Florida is:	
MEC Labs, LLC of Jacksonville Beach	o DIV
The name and the Florida street address of the registered agent and office are:	י אוור ו
David C Clowe (Name)	
(Name)	PH 12: 41
412 Boardwalk	0
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Jacksonville Beach FL 32250	
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.

(Signature)

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

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEC LABS, 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 TENTH DAY OF JULY, A.D. 2007.

DIVISION OF CORPORATIONS



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Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5826532

DATE: 07-10-07