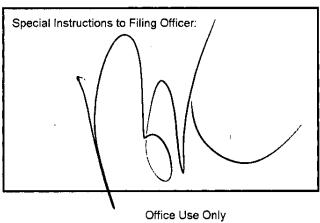
MU700006599

| (Red | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Add | dress) | |
| (Add | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer | |





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DIVISION OF SOFT PLORIDA

DIVISION OF SOFT PLORIDA

OT NOV -7 PH 2: 43





| IN SENTICE CUMPANY | | |
|---|--------------|----------------------|
| ACCOUNT NO. | : | 072100000032 |
| REFERENCE | : | 308415 4803290 75 75 |
| AUTHORIZATION | : | Smillelenan |
| COST LIMIT | : | \$ 125.00 |
| ORDER DATE : November 7, 2007 | | |
| ORDER TIME : 2:06 PM | | Du. |
| ORDER NO. : 308415-005 | | |
| CUSTOMER NO: 4803290 | | |
| | | |
| FOREIGN F | ILII | NGS |
| NAME: UPRS GROUP LLC | C | |
| XXXX QUALIFICATION (TYPE: LI | <u>구</u>) | |
| PLEASE RETURN THE FOLLOWING AS | PRO | OOF OF FILING: |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA | AN D: | ING |
| CONTACT PERSON: Heather Chapma | an - | EXT# 2908 |
| | I | EXAMINER: |

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:

| (Name of Foreign Limited) | Liability Company) |
|---|---|
| Delaware | 7 |
| Jurisdiction under the law of which foreign limited liability ompany is organized) | (FEI number, if applicable) |
| February 27, 2007 | S Perpetual |
| (Date of Organization) | (Duration: Year limited liability company will cease texist or "perpetual") |
| N/A | |
| (Date first transacted business in Fl (See sections 608.501 & 608.502 F.S | orida, if prior to registration.) . to determine penalty liability) |
| 875 Avenue of the Americas, Suite 1010 | 75 9 75 9 |
| New York, NY 10001 | Color |
| | of Principal Office) |
| If limited liability company is a manager-managed | company, check here |
| The name and usual business addresses of the man | aging members or managers are as follows: |
| Martin Rothman - UPRS Group LLC | |
| 875 Avenue of the Americas, Suite 1010 | |
| New York, NY 10001 | |
| Attached is an original certificate of existence, no more than 90 of jurisdiction under the law of which it is organized. (A photocopy slation of the certificate under oath of the translator must be subtributed of business or purposes to be conducted or | y is not acceptable. If the certificate is in a foreign language, a mitted.) |
| , . | promoted in Florida. |
| Unclaimed asset services. | |
| great C | <u></u> |
| | thorized representative of a member. S., the execution of this document constitutes usy that the facts stated herein are true.) |
| Martin Rothman | |
| Typed or printed | name of ciance |

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.

| 1. The name | e of the Limited Liability C | ompany is: | | | |
|---|---|--|--|--|--|
| UPRS Group LLC | | | | | |
| 2. The name | e and the Florida street addr | ress of the registered agent and offi | ce are: | | |
| | Martin Rothman c/o | | | | |
| | , | (Name) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | 1205 Sarah Street | , Suite 171 | | | |
| | Florida Street | Address (P.O. Box NOT ACCEPTABLE) | | | |
| | Longwood, | FL 32750 | | | |
| | | City/State/Zip | | | |
| liability com agent and ag relating to th | pany at the place designated Tee to act in this capacity. I The proper and complete perfo | md to accept service of process for t in this certificate, I hereby accept th further agree to comply with the pro rmance of my duties, and I am famil gent as provided for in Chapter 608 | ne appointment as registered ovisions of all statutes liar with and accept the | | |
| | on Still | | | | |
| | (Signature) | | | | |
| | | | | | |

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

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PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UPRS GROUP 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 SEVENTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UPRS GROUP LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2007.

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



Warriet Smith Hindson

AUTHENTICATION: 6140598

DATE: 11-07-07

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