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| (Re | questor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | dress) | | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL · | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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| TON BERTICE COMPANY | | | | |
|---|--|--|--|--|
| ACCOUNT NO. : 072100000032 | | | | |
| REFERENCE : 345403 7620307 | | | | |
| AUTHORIZATION: Trubblena 37 5 | | | | |
| COST LIMIT : \$ 125.00 | | | | |
| ORDER DATE: December 5, 2007 | | | | |
| ORDER TIME: 10:23 AM | | | | |
| ORDER, NO. : 345403-010 | | | | |
| CUSTOMER NO: 7620307 | | | | |
| | | | | |
| FOREIGN FILINGS | | | | |
| NAME: MANTENA VENTURES, LLC | | | | |
| XXXX QUALIFICATION (TYPE: LL) | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | |
| CONTACT PERSON: Kathy Drake EXT# 2959 | | | | |
| EXAMINER: | | | | |

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA Mantena Ventures, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L. L. C.," (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. of Company," "L L.C," "LLC") 2. Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608 501 & 608 502 F S to determine penalty liability) 4190 Millenia Blvd Orlando, FL 32839-6408 (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: Raju Mantena 9512 Tavistock Road Orlando, FL 32827 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 eath of the translator must be submitted) 11. Nature of business or purposes to be conducted or promoted in Florida: **Business Development** 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) ILadu Muntena 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.

| 1. The name of the L | imited Liability Company | is: | | |
|--|--|--|---|--|
| Mantena Ventures, LLC | | | | |
| If name unavailable, t | he alternate name to be use | ed in the state of Florida is: | | |
| 2. The name and the | Florida street address of the | e registered agent and office are: | | |
| Corp | ooration Service Compa | any | | |
| | (| Name) | - | |
| 1201 | Hays Street | | _ | |
| | Florida Street Address (| P.O. Box <u>NOT</u> ACCEPTABLE) | | |
| Talla | ahassee | FL 32301 | | |
| | C | City/State/Zip | • | |
| liability company at the agent and agree to act relating to the proper cobligations of my posit Corporation Service BY: | e place designated in this ce in this capacity. I further a and complete performance o ion as registered agent as p | cept service of process for the above so crtificate, I hereby accept the appointn gree to comply with the provisions of of my duties, and I am familiar with an crovided for in Chapter 608, Florida S Sarah K. Drake as its agent | nent as registered all statutes id accept the | |

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

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MANTENA VENTURES, 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 FIFTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANTENA VENTURES, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2007.

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

A STATE OF THE STA

narriet Simil

Smith Windsor, Secretary of State

AUTHENTICATION: 6209883

DATE: 12-05-07

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