# MU70000007367

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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12/19/07--01005--004 \*\*320.00



MK 12/19



OTHER FILINGS

Annual Reports

Fictitious Name

Reinstatement

Name Reservation

UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

December 18, 2007

#### CORPORATION NAME (S) AND DOCUMENT OUTBER (S):

CoVibe TECH, LLC

Filing Evidence  □ Plain/Confirmation Cop	Type of Document  Certificate of Status
☑ Certified Copy	□ Certificate of Good Standing
	□ Articles Only
Retrieval Request  □ Photocopy  □ Certified Copy	<ul> <li>□ All Charter Documents to Include Articles &amp; Amendments</li> <li>□ Fictitious Name Certificate</li> </ul>
NEW FILINGS	AMENDMENTS
Profit	Amendment
Non Profit	Resignation of RA Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

Foreign

X

Limited Liability

Reinstatement

Trademark

Other

REGISTRATION/QUALIFICATION

## 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:

	CoVibe T	ECH, LLC	·	<u> </u>
	(Name of foreign lin	nited liabil	ty company)	100 B
				"完心"
_	Delaware	3.	14-1950810	<u> </u>
	urisdiction under the law of which foreign nited liability company is organized)		(FEI number, if applicable)	SKING.
	November 14, 2005	5.	Perpetual	
	(Date of Organization)		(Duration: Year limited liability cease to exist or "perpetual")	company will
	UPO	N QUALI	FICATION	
	(Date first transacte (See sections 608.501, 6			
			est Palm Beach, Florida 33409	
	(Street a	ddress of p	rincipal office)	
Tì	e name and usual business addresses of the mana	ging memt	pers or managers are as follows:	
At cu	ainstream Holdings, Inc., Sole Member 580 Vil tached is an original certificate of existence, no me stody of records in the jurisdiction under the law	ore than 9 of which	vard, Suite 110, West Palm Beach, F 0 days old, duly authenticated by the it is organized. (A photocopy is not	official having acceptable. If
At cu the su Na	tached is an original certificate of existence, no m	ore than 9 of which tion of the	vard, Suite 110, West Palm Beach, F O days old, duly authenticated by the it is organized. (A photocopy is not e certificate under oath of the tran	official having acceptable. If slator must be
At cu the su	tached is an original certificate of existence, no metody of records in the jurisdiction under the law expectation certificate is in a foreign language, a translational bmitted.)	ore than 9 of which tion of the promoted resentative 08.408(3), ffirmation rein are tru	vard, Suite 110, West Palm Beach, For days old, duly authenticated by the it is organized. (A photocopy is not a certificate under oath of the transfer Florida:  Any lawful business per of a member.  F.S., the execution of under the penalties of	official having acceptable. If slator must be

### 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.

	CoVibe TECH, LLC
2,	The name and the Florida street address of the registered agent and office are
	NRAI SERVICES, INC. (Name)
	2731 EXECUTIVE PARK DRIVE, SUITE 4 Florida street address (P.O. Box NOT ACCEPTABLE
	WESTON FL 33331 US City/State/Zin

The name of the Limited Liability Company is:

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.

NRAI Services, Inc.

ì.

as its Angela wawlinski-Ass

inski-Asst. Secretary

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVIBE TECH, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVIBE TECH, LLC" WAS FORMED ON THE FOURTEENTH DAY OF NOVEMBER, A.D. 2005.

4059972 8300

071324803

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6240121

DATE: 12-14-07

You may verify this certificate online at corp.delaware.gov/authver.shtml