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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OMEGA TECHNOLOGY SOLUTIONS, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
ANN FIEREO (Name of Person)
(Name of Person)
(Firm/Company)
1314 E LAS OLAS BLVD (Address)
FORT LAWDERDALE, FL 33301 (City/State and Zip Code)
For further information concerning this matter, please call:
ANN FIERRO at (954) 564-4321 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301 Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee &\$\text{\$\text{\$\text{\$\text{\$\text{Fl. 32301}}}}} \text{Certificate of Status} \text{Certified Copy} \text{of 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:

Omega Technology Solutions, LLC	,,,	_
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC." ANATALYA SOFTWARE, L.C.)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.L.C.," "LLC.")		
2 Washington (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-35779/1 (FEI number, if applicable)		-
4. 10/5/05 5. Perpetual		_
4. (Date of Organization) (Date of Organization) (Duration: Year limited liability company will cerexist or "perpetual")	ase to	
6. 1/1/2008	07	NY SE
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	<u>)30</u>	1000 1000 1000 1000 1000 1000 1000 100
7. 4100 SW 28th Way	28	곡됐
Hollywood, FI 33312	<u> </u>	* ं~< ं भूत
(Street Address of Principal Office)	ن	ີ ເກົ ວ່າ ຖື
8. If limited liability company is a manager-managed company, check here	58	
9. The name and usual business addresses of the managing members or managers are as follows:		•
Ann Fierro		
		-
1314 E Las Olas Blvd		-
Fort Lauderdale, Ft 33301		_
 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custod the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langual 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: Software Safes 	ge, a	
		-
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.) Ann C Fierro		÷

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

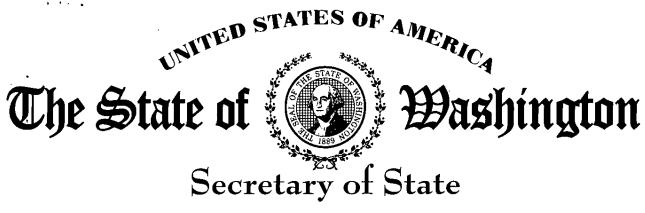
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Omega Technology Solutions, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
ANATALYA SOFTWARE, LLC	
2. The name and the Florida street address of the registered agent and office are:	
Ann C Fierro	
(Name)	
4100 SW 28th Way	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Fort Lauderdale,33301 FL	
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.

The C. Lievo
(Signature)

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



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF OMEGA TECHNOLOGY SOLUTIONS, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 10/5/2005.

I FURTHER CERTIFY that as of the date of this certificate, OMEGA TECHNOLOGY SOLUTIONS, LLC remains active and has complied with the filing requirements of this office.

Date: December 19, 2007

UBI: 602-545-923

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State