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EXAMINER

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SECRETARY OF STATE
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ACCOUNT NO. : 07210000032	2
REFERENCE : 492120 4803290	ALE
AUTHORIZATION :	, G
COST LIMIT 125.00 Man	2 3 93 1
ORDER DATE: March 19, 2008	5/2/6
ORDER TIME : 2:07 PM	7
ORDER NO. : 492120-005	
CUSTOMER NO: 4803290	
	- -
FOREIGN FILINGS	·
NAME: CYPREXX SERVICES, LLC	
XXXX QUALIFICATION (TYPE: LL)	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER:

CONTACT PERSON: Joyce Markley -- EXT# 2930

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Cyprexx Services, LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (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.") Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized) March 14, 2008 5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) Upon filing of this application (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 710 Oakland Drive, Suite 260, Brandon Florida 33511 (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: Ronnie Ory, 710 Oakland Drive, Suite 260, Brandon Florida 33511 10. Attached is an original certificate of existence, no more than 90 days old, duty 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:

To engage in any lawful act or activities for which limited liability companies are organized. 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.) Ronnie Ory

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 o	of the Limited Liability Company is:	
Cyprexx Ser	rvices, LLC	
If name unavai	nilable, the alternate name to be used in the state of	Florida is:
2. The name a	and the Florida street address of the registered age	nt and office are:
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT AC	CEPTABLE)
	Tallahassee FL 32301	
	City/State/Zip	
liability compar agent and agree relating to the p obligations of n	amed as registered agent and to accept service of print at the place designated in this certificate, I hereby the to act in this capacity. I further agree to comply we proper and complete performance of my duties, and my position as registered agent as provided for in Classica Service Company Joyce L. Manager Signature	y accept the appointment as registered with the provisions of all statutes I am familiar with and accept the hapter 608, Florida Statutes. arkley

\$ 100.00 Filing Fee for Application

\$ 30.00

5.00

\$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CYPREXX SERVICES, 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 NINETEENTH DAY OF MARCH, A.D. 2008.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CYPREXX SERVICES, LLC" WAS FORMED ON THE FOURTEENTH DAY OF MARCH, A.D. 2008.

4519457 8300

080333171
You may verify this certificate online at corp. delaware.gov/authver.shtml

Variet Smila Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6460945

DATE: 03-19-08