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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number: 075410001517 Phone

: (561)833-7700

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Created Equal Communities, LLC

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6/9/2008

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CREATED EQUAL COMMUNITIES CORP. 151 Summer Street Somerville MA 02143

June 6, 2008

Florida Secretary of State Division of Corporations Tallahassee FL

Rs: Approval of Use of Name - Created Equal Communities, LLC

Dear Sir/Madam:

In my capacity as President of Created Equal Communities Corp., I hereby authorize and approve the use of the name "Created Equal Communities, LLC." Both Created Equal Communities Corp. and Created Equal Communities, LLC will be owned and operated by the same management and, therefore, use of the name poses no issue.

Sincerely yours,

Created Equal-Communities Corp.

Nick Kanieff, President

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PMB 336074.)

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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 TI	THE SIMIE OF FLORIDA:
1. Created Equal Communities,	
(Name of Foreign Limited Liability Company; must in	nclude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C.," "LLC.")	rpose of transacting business in Florida and attach a copy of the written ahernate name. The alternate name must include "Limited Liability
2. Delaware	3. Applied for
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. December 15, 2006	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing.	
(Date first transacted jusiness in (See sections 608-501 & 608-502 I	n Florida, if prior to registration.) F.S. to determine pendity liability)
7. 151 Summer Street, Somerv	ville MA 02143
(Street Addr	roes of Principal Office)
8. If limited liability company is a manager-manag	ged company, check here
9. The name and usual business addresses of the m	nanaging members or managers are as follows:
Nick Kanleff, 151 Summer Str	reet. Somerville MA 02143
10. Attached in an opining confidence of materials are no more from	n 90 days old, duly authenticated by the official having costing of records in
	peopy is not acceptable. If the certificate is in a fixetign leftgrage, a
translation of the certificate under oath of the translator must be	submitted.)
	To engage in
11. Nature of business or purposes to be conducted	ed or promoted in Plorida:
any lawful act or activity for which lim	nited liability companies may be organized.
MAC	55 f8
Signature of a member of a	ir authorized representative of a member.
(in accordance with section 601.408) an affirmation under the penalties of	(3), F.S., the execution of this document constitutes of perjury that the facts stated herein are true.)
Nick Kanieff, M	Managing Member
Thomas as well	inted name of signee

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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	e Limited Lisbility Company is:
Created E	equal Communities, LLC
If name unavailable	le, the alternate name to be used in the state of Florida is:
2. The name and t	the Florida street address of the registered agent and office are:
A	Angell Corporate Services, Inc.
C	One N Clematis St., Ste 400
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
<u>v</u>	West Palm Beach FL 33401
liability company a agent and agree to relating to the prop obligations of my p Angell Corpora	and as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as registered act in this capacity. I further agree to comply with the provisions of all statutes are and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature) (Signature)

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) (((H08000147436 3)))

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREATED EQUAL COMMUNITIES, 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 SIXTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREATED EQUAL COMMUNITIES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2006.

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

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SECRETARY OF STATE
TALL AHASSEF FLORIDA



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Varnet Smile Hinason

Harriet Smith Windeor, Secretary of State

AUTHENTICATION: 6640991

DATE: 06-06-08