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| Certified Copies | _ Certificates o | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

G. MCLEOD

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DIVISION OF CORPORATION

30,31



July 2, 2008

THELMA MYERSON 7097 HAVILAND CIR BOYNTON BEACH, FL 33437

SUBJECT: EXCHANGE ACCESS, LLC

Ref. Number: W08000031749

We have received your document for EXCHANGE ACCESS, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$125.00.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Letter Number: 008A00039486

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: EXCHANGE ACCESS, 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: | | | |
| Thelma Myerson (Name of Person) | | | |
| | | | |
| (Firm/Company) | | | |
| 7097 Havilant Cir (Address) | | | |
| Boynton Beach, Fl 33437 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Thelmic Myerson at (561) 364-1288 (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: \$\sumsymbol{\sumsym | | | |

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: oreign 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.") 26 - 28 3 490 3
(FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Date of Organization) (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: Myerson-managinamember-420 251 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 oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: To mon to 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.)

Typed or printed name of signee

inyurson

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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 Limited Liability Company is: | | |
|--|--|--|
| EXCHANGE ALCESS, LLC | | |
| If name unavailable, the alternate name to be used in the state of Florida is: | | |
| · | | |
| 2. The name and the Florida street address of the registered agent and office are: | | |
| Thelma Myerson (Name) | | |
| 7097 Haviland Cir Florida Street Address (P.O. Box NOT ACCEPTABLE) | | |
| Baynton Beach FL 33437 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.

Thelms Myerson

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 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 "EXCHANGE ACCESS, 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 NINTH DAY OF JULY, A.D. 2008.

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

4559063 8300

080770660

Varuet Smith Windson, Secretary of State

AUTHENTICATION: 6716672

DATE: 07-09-08

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