M10000003395

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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B. KOHR
AUG - 2 2010
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 08/02/2010

REF. #: 001495.129459

CORP. NAME: ABILITY WORKS, LLC

( ) ARTICLES OF INCORPORATION
( ) ARTICLES OF AMENDMENT
( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT
( ) TRADEMARK/SERVICE MARK
( ) FICTITIOUS NAME
(XX) FOREIGN QUALIFICATION
( ) LIMITED PARTNERSHIP
( ) LIMITED LIABILITY
( ) REINSTATEMENT
( ) MERGER
( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION
( ) OTHER:

STATE FEES PREPAID WITH CHECK# 535830 FOR $ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

(XX) CERTIFIED COPY
( ) CERTIFICATE OF GOOD STANDING
( ) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS

Examiner's Initials

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:

1. Ability Works, LLC
(Name of Foreign 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.")

2. Connecticut
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-2996958
(FEI number, if applicable)

4. 06-04-10
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

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DIVISION OF CORPORATIONS

7. 87 Main Street
New Canaan, Connecticut 06840
(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:

Opus Three, LLC

c/o Mark N. Kozak, Manager

87 Main Street, New Canaan, Connecticut 06840

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: _____

Any lawful act or activity for which limited liability companies may be formed.

Mark N. Kozak

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.)

Mark N. Kozak
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:

Ability Works, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

United Corporate Services, Inc.
(Name)

9200 South Dadeland Blvd., Suite 508
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Miami FL 33156
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.

(Signature)

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

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that articles of organization for

ABILITY WORKS LLC

a domestic limited liability company, were filed in this office on June 04, 2010.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.

Secretary of the State

Date Issued: July 28, 2010

Business ID: 1006780 Express Certificate Number: 2010184780001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov

ABILITY WORKS, INC.
123 N.W. 13th Street, Suite 212
Boca Raton, Florida 33432

July 30, 2010

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: ABILITY WORKS, LLC
A Connecticut limited liability company
("**Ability Works Connecticut**")

Dear Sir or Madam:

The undersigned, on behalf of Ability Works, Inc., a Florida corporation, hereby consents to Ability Works Connecticut being licensed to transact business in the State of Florida and being permitted to transact business within the State of Florida under the trade name "Ability Works".

Please be advised that Ability Works, Inc. previously assigned all rights to Ability Works Connecticut to use the trade name "Ability Works".

The aforementioned consent is hereby given with the formalities of a sworn Affidavit. This Affidavit is made and given by the undersigned with all knowledge of applicable Florida laws regarding sworn affidavits and the penalties and liabilities resulting from false statements and misrepresentations therein.

Sincerely yours,
Ability Works, Inc., a Florida corporation

By: Linda Hayes
Linda Hayes, President

Linda Hayes
Linda Hayes, Individually

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

SWORN TO AND SUBSCRIBED before me on the 29th day of July, 2010 by Linda Hayes individually and on behalf of the corporation in her capacity as President.

Notary Public

ALEXANDRA LEHRER
Notary Public, State of Florida
Commission# DD963283
My comm. expires Mar. 27, 2014

My commission expires:
My commission number is: March 27, 2014

(NOTARIAL SEAL)