



700 Veterans Memorial Highway
 Hauppauge, NY 11788
 Tel: (516) 360-0600
 Fax: (516) 265-3351
 Internet: APP@L.NET

ACCIDENT PREVENTION PLUS, LLC

"Around the corner, around the world, -Your road to safety." ®

FILED

97 JUN 24 AM 9:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Brenda,

Please call me when you receive
 this and let me also know the
 status of our previous check # 1311
 as discussed.

Thanks

200002222062--6
 -06/24/97--01114--001
 ****148.75 ****148.75

200002222062--6
 -06/24/97--01114--002
 ****145.00 ****145.00

Steve Mahman

6/19/97-141465

Name	Left
Availability	Left
Examiner	Left
Unit	Left
Verifier	Left
Acknowledgement	Left
W. P. Verityer	Left

FOR CC

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 6/24

FILED 350.00
 2. COPY 8.70
 R. AGENT 25.00
 TOTAL 293.75
 REFUND \$

6/20

FILED
97 JUN 24 AM 9:39
SECRETARY OF DEFENSE
WASHINGTON, D.C.

97 JUN 24 AM 9:35

- [illegible]

TITLE:

MG-LM

MGR

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of ACCIDENT
PREVENTION Plus, LLC deposes and says:

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TALLAHASSEE FLORIDA

1) the above named limited liability company has at least two members

2) the total amount of cash contributed by the member(s) is

\$ 500,000.00

3) if any, the agreed value of property other than cash contributed by member(s) is
A description of the property is attached and made a part hereto.

\$ 1,000,000.00

4) the amount of cash or property anticipated to be contributed by member(s) is
This total includes amounts from 2 and 3 above.

\$ 1,500,000.00

5) the total amount of cash or property anticipated to be contributed by member(s) is

\$ 1,500,000.00

Shirley H. Mahman - President/Member
Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

ACCIDENT PREVENTION PLUS, LLC

2. The name and address of the registered agent and office is:

CAROLYN S. WAGNER
(Name)

3888- 48th Ave. So.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

St. Petersburg FL 33711

(City/State/Zip)

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TALLAHASSEE FLORIDA

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.

Carolyn S. Wagner
(Signature)

12-17-96
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

State of New York | **ss:**
Department of State

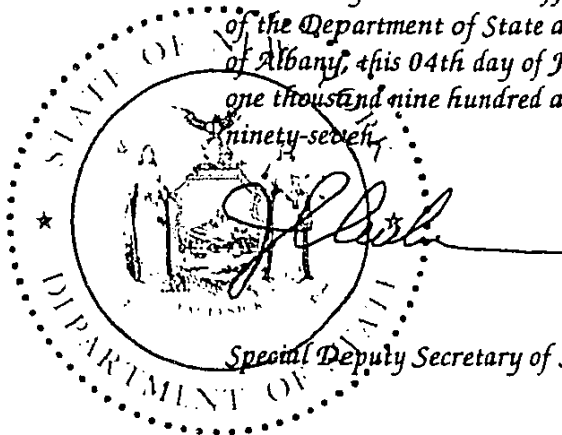
I hereby certify, that ACCIDENT PREVENTION PLUS LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 02/01/1996, and that the limited liability company is subsisting so far as shown by the records of the Department.

A Certificate of Affidavit of Publication of ACCIDENT PREVENTION PLUS LLC was filed on 05/13/1996.

A Certificate of Affidavit of Publication of ACCIDENT PREVENTION PLUS LLC was filed on 05/13/1996.

The limited liability company has filed proofs of publication under section 206 (c) of the Limited Liability Company Law.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 04th day of June
one thousand nine hundred and
ninety-seven.



Special Deputy Secretary of State

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