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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 25, 1997

BRIAN CLINE HUB ENTERPRISES 140 MARVIN AVENUE EAST LONGWOOD, FL 32750

SUBJECT: CBS FINANCIAL ASSOCIATES, LLC

Ref. Number: W97000022057

We have received your document for CBS FINANCIAL ASSOCIATES, LLC and your check(s) totaling \$293.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

On line 8 of the application the individuals listed must be listed as managing member or manager.

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) 487-6020.

Letter Number: 097A00047536

Tammi Cline Document Specialist 97 OCT -7 PH 4: 30
SECRETARY OF STATE

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. CBS Financial Associal (Name of foreign limited liability company must end with	es.	, LLC		
(Name of foreign limited liability company must end with a so contained in the name at present.)	ihe w	ords "limited company" or their abbrevi	ation "L.C	C." if no ંગ
2. De aware	_ 3.	59-3453670	CRE	30 (
(Jurisdiction under the law of which foreign limited liability company is organized)	y	(FEI number, if applica	ble)-	-7 -7
4. 6/28/97	5 .	June 19, 2027		-9 (-2 (
(Date of Organization)		(Duration: Year limited liability compexist or "perpetual")	oany wili (ase to
6. July 25, 1997 (Date first transacted business in Florida. (S			<u>Ş</u> A	<u>ొ</u>
_			F.S.)	
7. 429 N. Howthoen Circle				
Winter Springs, FL. 3270 (Street address	8			
(Street audies	ging in Fl	member[MGRM] or manager[M	[GR]who	,
3. List name, title, and business address of each mana will manage the foreign limited liability company in NAME & ADDRESS: TITLE:		NAME & ADDRESS:	ecessary TITL	
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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of _____

CBS Financial Association, LLC deposes and says:	
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ 80,000
 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. 	<u>s</u>
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ 30,000. 80,000
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ 110,000.
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.)	er.
	97.001-7 SECRETAD SECRETAD

Filing Fee: \$250.00 for Application and Affidavit

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:	
CBS Financial Associates, LC	
2. The name and address of the registered agent and office are:	
Beian Cline	1958 1946
(Name)	FIL 97 (CT -7 97 (MI ANI
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
W. where Springs, FL. 32708 (City/State/Zip)	30 30 30

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.

Buoin Cline 9/19/97
(Signature) (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

${\it State of Delaware}$

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CBS FINANCIAL ASSOCIATES, 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 THIRD DAY OF OCTOBER, A.D. 1997.



Edward J. Freel, Secretary of State

AUTHENTICATION:

8685341

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2765289

DATE:

10-03-97