

| | Address | |
|------------------------------|---|--|
| City/State/Z | ip Phone # | Office Use Only |
| 1 | NAME(S) & DOCUMENT NUM | ocument#) |
| 2. (Corpo | oration Name) (Do | ocument#) |
| 3. (Corpo | oration Name) (De | ocument #) |
| 4(Corp. | oration Name) (D | Document #) |
| Mail out | Will wait Photocopy AMENDMENTS Amendment | 300002347293 -11/14/9701048- *****285.00 |
| Profit NonProfit | Resignation of R.A., Officer/ Dir | rector |
| Limited Liability | Change of Registered Agent | |
| Domestication | Dissolution/Withdrawal | 1AX - 2500 |
| Other | Merger | R. AGENT FEE 35 W |
| OTHER FILINGS Annual Report | REGISTRATION/ QUALIFICATION | C. COPY |
| Amman respons | Foreign | REFUND |
| Fictitious Name | | 10 |
| | Limited Partnership | n. |
| Fictitious Name | Limited Partnership Reinstatement Trademark | - nk |

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:

| | | • | |
|---|---|---|---------------------------------|
| (Name of foreign limited liability company most contained in the name at present.) | ust end with the wor | ds "limited company" or their abb | reviation "L.C." if not |
| (Jurisdiction under the law of which foreign licompany is organized) | mited liability 3. | 72-1376315 (FEI number, if app | plicable), 3 |
| Mass 27, 1997 (Date of Organization) | 5. | Perpetua (Duration: Year limited liability of exist or "perpetual") | company will ease to |
| December 1,199 (Date first transacted business | in Florida. (See sec | tions 608.501, 608.502, and 817.1 | 55, F.S.) |
| 713 Hwy 99 | 8 E | | 'F' |
| Dostin Fl | 3254 (Street address of pr | 0 | |
| | (Street address of pr | incipal office) | |
| | | | |
| List name, title, and business address or will manage the foreign limited liability | f each managing | member[MGRM] or manage orida: (attach additional page NAME & ADDRESS: | er[MGR]who if necessary) TITLE: |
| NAME & ADDRESS: | f each managing y company in Flo | orida: (attach additional page | if necessary) |
| NAME & ADDRESS: | f each managing y company in Flo | orida: (attach additional page | if necessary) |
| NAME & ADDRESS: | f each managing y company in Flo | orida: (attach additional page | if necessary) |
| NAME & ADDRESS: | f each managing y company in Flo TITLE: | orida: (attach additional page NAME & ADDRESS: | if necessary) |
| NAME & ADDRESS: Thuan Tran 713 E Huy 98 | f each managing y company in Flo TITLE: | orida: (attach additional page NAME & ADDRESS: | if necessary) |
| will manage the foreign limited liability NAME & ADDRESS: Thuan Tran 113 E Huy 98 | f each managing y company in Flo TITLE: | orida: (attach additional page NAME & ADDRESS: | if necessary) |
| will manage the foreign limited liability NAME & ADDRESS: Thuan I can 713 E Huy 98 | f each managing y company in Flo TITLE: | orida: (attach additional page NAME & ADDRESS: | if necessary) |
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| will manage the foreign limited liability NAME & ADDRESS: Thuan I can 713 E Huy 98 | f each managing y company in Flo TITLE: | orida: (attach additional page NAME & ADDRESS: | if necessary) |
| will manage the foreign limited liability NAME & ADDRESS: Thuan I can 713 E Huy 98 | f each managing y company in Flo TITLE: | orida: (attach additional page NAME & ADDRESS: | if necessary) |

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

| The undersigned member or authorized representative of a member of | Group LLC. |
|---|--------------------------|
| deposes and says: | FC 2 |
| 1) the above named limited liability company has at least two members | 12 MII: 06 12 MII: 06 |
| 2) the total amount of cash contributed by the member(s) is | \$ <u>1860 .</u> |
| 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. | \$ |
| 4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above. | \$ 1,000. |
| 5) the total amount of cash or property anticipated to be contributed by member(s) is | \$ <u>1000</u> . |
| | |

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.)

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: | 97 N |
|---|-------------------|
| Tran Group L.L.C. | CREET A |
| 2. The name and address of the registered agent and office are: | 2 AHII SSEEFEL |
| Thuan Tan (Name) | : 06 INTE |
| 713 E. Hwy 98 (P.O. Box or Mail Drop Box NOT ACCEPTABLE) | |
| Destin, Fl 32540 (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.

Mor 11, 1997
(Signature) (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

State of Mississippi

Secretary of State's Office Eric Clark

Secretary of State Jackson, Mississippi



CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

TRAN GROUP, L.L.C. Formed May 27,1997

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

1720 23RD AVE P O BOX 550 GULFPORT MS 39502

and that the registered agent at that address is:

ALFRED R KOENENN

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

> Given under my hand and seal of office November 05,1997

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Eric Clark

ERIC CLARK, Secretary of State