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To: Qualification/Tax Lien Section Division of Corporations
SUBJECT: Automated Profile Management, LLC (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Name of Person)
Automated Profile Management, LLC Firm/Company)
9838 Old Baymeadows Rd. Ste. 170 (Address)
Jacksonville, FL 32256
(City/State/Zip)
Should you need to call someone concerning this matter, please call: 300024417930 -02/26/9801083001 *****70.00
John Moyer # (904) 210.0372
(Name of Person) (Area Code & Daytime Telephone Number)
$\frac{100002452351}{00002452351}$
****215.00 *****215.00 *****215.00
enter Division c - proporations Qualification/Tax Lien Section Qualification/Tax Lien Section Qualification/Tax Lien Section Division of Corporations
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dater Tallahassee, FL 32314
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 3, 1998

JOHN MOYER AUTOMATED PROFILE MANAGEMENT LLC 9838 OLD BAYMEADOWS RD, STE 170 JACKSONVILLE, FL 32256

SUBJECT: AUTOMATED PROFILE MANAGEMENT, LLC

Ref. Number: W98000004689

We have received your document for AUTOMATED PROFILE MANAGEMENT, LLC and check(s) totaling \$70.00 of which \$70.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$215.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Effective April 23, 1997, the fees to qualify a foreign limited liability company total \$285.00 and breakdown as follows: \$250.00 filing fee for the application and affidavit and \$35 registered agent designation fee. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

You have completed the wrong application. Please complete the attached form for a Limited Liability Company.

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) 487-6913.

Diane Cushing Corporate Specialist

Letter Number: 698A00011707

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	TIMIOMATEN 170111E	Manageme	ent LLC	
so con	Automated Profile of foreign limited liability company tained in the name at present.)	must end with the w	ords "limited company" or thei	r abbreviation "L.C." if not
2. (Jurisdi compar	New Hampshir iction under the law of which foreign my is organized)			च न
4	(Date of Organization)	5.	January J (Duration: Year limited liabilit exist or "perpetual")	7 to
6	(Date first transacted busine	ess in Florida. (See se	ections 608.501, 608.502, and 8	연구 및 전 및 17.155, FS.)
7	9838 Old B	zy me ad ows	Rd. Suite	170
	Jacksonville	F L (Street address of n	32256	
	ame, title, and business address anage the foreign limited liabi NAME & ADDRESS:			page if necessary)
	John Moyer	Mgc.	8225 BayTree L Jacksonville FL	<u> </u>
			Jacksonville, FL	32256
	Fric Vorkuil		Jacksonville, FL 8787 Southside Jacksonville, F	eBlvd. # 5504

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Automate	d Protibe
Management, LLC certifies:	
1) the above named limited liability company has at least two members;	
2) the total amount of cash contributed by the member(s) is	\$ 15,000,00
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.)	\$;
and 4) the total amount of cash and property contributed and anticipated to be contribute by member(s) is (This total includes amounts from 2 and 3 above.)	ed \$
Signature of a member or an authorized representative of a member of a member of an authorized representative of a member	ember.
stated herein are true.) Tohn D. Moyer Typed or printed name of signee	SECULIANI IO PI
	ED PM 3: 35 CF STATE

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Automated Profile Management, LLC			
2. The name and the Florida street address of the registered agent and office are:			
Lynda Devine (Name)		98	
(Name)		98 H37 1	17
8225 Bay Tree Ln. Florida street address (P.O. Box NOT ACCEPTABLE)	· <u>. · · · · · · · · · · · · · · · · </u>		ILED
Jacksonville, FL 32256		<u>ુ</u> આ	
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.

Lynda d. Devine
(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

State of New Hampshire Bepartment of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that AUTOMATED PROFILE MANAGEMENT, LLC is a New Hampshire limited liability company formed on January 12, 1998. I further certify that all fees required by the Secretary of State's office have been received and that a certificate of cancellation has not been filed.



IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 27th day of January, A.D. 1998

William M. Gardner Secretary of State