980000 439 Hequitor's Name 47000 Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Mail out Will wait Certificate of S Photocopy : NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent 100002507741--2 -05/01/98--01059--001 Domesucation Dissolution/Withdrawal Other Мегдет ****430.00 ****215.00

OTHER FILINGS	
Annual Report	-
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	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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Examiner's Initials	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WCE WIIN SECTION O	106.505, FLORIDA	STATUTES, THE FOLLOWING	3 IS SUBMITLED TO
REGISTER A	FOREIGN LIMITED I	JABILITY COMPA	NY TO TRANSACT BUSINESS	IN THE STATE OF
FLORIDA:				9
				* 20.
				72 97
1	19:111-15 Le	or LLC		_ > %G
(Name of for	eign limited liability compan	y must end with the w	ords "limited company" or their abbre	viation "L.C." if not
so contained	in the name at present.)			1
\sim T_{c}	Palamara	3	ords "limited company" or their abbre	970 5
(Jurisurchon	under me iaw of which foreig	n limited liability	52 - 20 8 6 (FEI number, if appli	cable)
company is o	rganized)			
4 2	121102	-	la notical	/
4. ————————————————————————————————————	(Date of Organization)		(Duration: Year limited liability con	many will occo to
•	(Date of Organization)		exist or "perpetual")	upany win ease to
	, a D			
6	5-1-98			
	(Date first transacted busin	less in Florida. (See se	ctions 608.501, 608.502, and 817.155	, F.S.)
7	170/ Elton Silver Spring	186		
7				
~	Silver Spains	112 2000 3		
	cice of ing	(Street address of r	rincipal office)	
		(3-001 Amm-000 01 P	······································	
8. List name, t	itle, and business address	s of each managing	member[MGRM] or manager[MGR lwho
will manage	the foreign limited liabi	lity company in Fl	orida: (attach additional page if	necessary)
Ü	5	J - 1 J	(
N	AME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
			NAME & ADDRESS:	0
· 	J.C.D. Levelo	PRENT J	UNATHAN C DUFF	o bres
_	CARP	- <u> </u>		<u> </u>
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- · - -	5: IverSpring	100 RS g, u D 2090 	3	
- - -	5: lverSpring	100 KS g, UD 2090 —	3	

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member ofBILLFISHER	LLC
deposes and says:	TILC OF THE STATE
1) the above named limited liability company has at least two members	
2) the total amount of cash contributed by the member(s) is	\$ 1500.00
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.	\$
4) the amount of cash or property anticipated to be contributed by member(s) is This total includes amounts from 2 and 3 above.	\$ 15000
5) the total amount of cash or property anticipated to be contributed by member(s) is	\$ 1500.00

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: Billisher LLC	OF STATIONS
2. The name and address of the registered agent and office are: AMAR GAS	-

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

(City/State/Zin)

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.

(Signature) (Date)

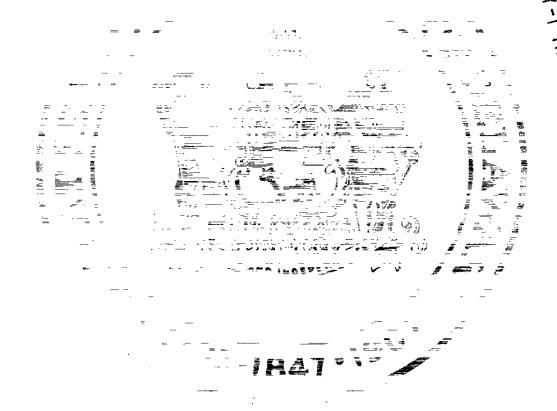
Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BILLFISHER 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 OFFI
SHOW, AS OF THE TWENTY-FOURTH DAY OF APRIL, A.D. 1998.



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Edward J. Freel, Secretary of Soct45725

AUTHENTICATION:

04-24-98

DATE:

981157581