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Requestor's Name TALLAHASSEE, FL 32301	2	00002528892 -05/19/9801048002 *****285.00 *****285.
Address 222	2–1092	
City State Zip	Phone	
CORPORATIO	N(S) NAME	
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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 19, 1998

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: DART GROUP, LLC Ref. Number: W98000011442

We have received your document for DART GROUP, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The AMOUNT listed in Item 4 on the AFFIDAVIT would have to be at least \$1,000.00, because it must be at least as great as the sum of Items 2 and 3.\_\_\_\_

ALSO, in addition to the Application documents, we must have a CERTIFICATE SOF EXISTENCE for this company from the state of Nevada.

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 (850) 487-6914.

Buck Kohr Corporate Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## 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 comp "L.C." if not so contained in the name	any must end with the at present.)		
		3. 65-0831068 (FEI number, if applic	
Nevada (Jurisdiction under the law of which fo company is organized)			able)
February 3, 1997	5 <u>_</u>	Perpetual  'ear limited liability company will of	ease to exist
(Date of Organization)	or "perpeti	uai")	
upon approval			
3. upon approval (Date first transacted business in Flo	rida. (See sections 808.501,	808.502 and 817.155, F.S.)	•
2020 PCA Blvd	., Suite 2004	-	
		0	
PAlm Beach Ga	rdens, FL 3341 ss of principal office)	0	• • • • •
(Street addre	\$3 Of Difficipation		
8. List and indicate in title space	· · · · · · · · · · · · · · · · · · ·	title, and business address of the transfer of	of each managing
member [MGRM] of manager (attach additional page if necessary)	· · · · · · · · · · · · · · · · · · ·	title, and business address of the control of the c	of each managing
member IMGRMI OF Hidiayer	provided the name [MGR]. It is not nec	•	
member [MGRM] of Manager (attach additional page if necessary)	provided the name [MGR]. It is not nec	•	
member [MGRM] of manager (attach additional page if necessary)  NAME & ADDRESS:	provided the name. [MGR]. It is not nec	•	
member [MGRM] of Manager (attach additional page if necessary)  NAME & ADDRESS:  Mark J. Spinello	provided the name [MGR]. It is not nec	NAME & ADDRESS:	
member [MGRM] of Manager (attach additional page # necessary)  NAME & ADDRESS:  Mark J. Spinello  3920 RCA Blvd., Suite 2004	provided the name [MGR]. It is not nec	NAME & ADDRESS:	
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member [MGRM] of Manager (attach additional page # necessary)  NAME & ADDRESS:  Mark J. Spinello  3920 RCA Blvd., Suite 2004	provided the name [MGR]. It is not nec	NAME & ADDRESS:	

Filing Fee: \$ 52.50 for Application

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

	9
The undersigned member or authorized reposition of the contract of the contrac	presentative of a member of
1) the above named limited liability company 2) the total amount of cash contributed by 3) if any, the agreed value of property others, and accompany  A description of	the member(s) is \$
\$ 1,000.00	thorized representative of a member.  3), Florida Statutes, the execution of this afficiant in the facts stated herein are true.)

Filing Fee: \$52.50 for Affidavit

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDAD 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:Dart Group, LLC
	· ·
2.	The name and address of the registered agent and office is:
	C T CORPORATION SYSTEM (Name)
	c/o C T CORPORATION, 1200 South Pine Island Road, (P.O. Box not acceptable)
	Plantation, Florida 33324  (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.

C T CORPORATION SYSTEM

Uucky Wastein
(Signature Stein
VICKY GÖLDSTEIN
SPECIAL ASSISTANT SECRETARY

(Date)

FILINGFEE: \$35 for Designation of Registered Agent



I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DART GROUP LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 3, 1997, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on May 26, 1998.

Secretary of State

Certification Clerk