M 9800000 1005

(Name of corporation - must include suffix)

Qualification/Tax Lien Section

SUBJECT: Alt Investments LLC

Division of Corporations

To:

Dear Sir or Madam:

The enclosed "Applic "Certificate of Exister transact business in F	ation by Foreign Corporational accin, and check are submitted t	crability Company or Authorization to Transact Business in Floor orgister the above referenced foreign corp	lorida", ooration to
Please return all corre	spondence concerning this mat	ter to the following:	
B	rian D. Lussenden		4446
	(Name	of Person) -03/21/ ****34	980106 6.25 **
	(Firm/	Company)	
1	900 Land O' Lakes H	lvd. Suite 117	
	(A	idress)	
L	utz, FL 33549		
	(City/S	State/Zip)	
Brian D. Luss (Name of Per) 948-2239 ea Code & Daytime Telephone Number)	98 SEP
COURIER ADDRES	S:	MAILING ADDRESS:	2
Qualification/Tax Lien Division of Corporatio 409 E. Gaines St. Tallahassee, FL 32399	Name	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	PM 4:

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:

Delaware	3.	59-3532406		
Jurisdiction under the law of which foreign limited liability ompany is organized)		(FEI number, if applicab	le)	
9/8/98	5	perpetual		
(Date of Organization)		(Duration: Year limited liability compexist or "perpetual")	any will cease to	
9/17/98				
(Date first transacted business in Flori	ida. (See sec	tions 608.501, 608.502, and 817.155, I	F.S.)	
12260 Willow Grove Road, Blo	lg. #2			
Camden, DE 19934				
(Street	address of p	orincipal office)		
l manage the foreign limited liability comp NAME & ADDRESS: TIT	oany in Flo	orida: (attach additional page if n	ecessary) TITLE:	
l manage the foreign limited liability comp NAME & ADDRESS: TIT	oany in Flo	orida: (attach additional page if n	ecessary)	
l manage the foreign limited liability comp NAME & ADDRESS: TIT	oany in Flo FLE:	orida: (attach additional page if n	TITLE:	
l manage the foreign limited liability comp NAME & ADDRESS: TIT Brian D. Lussenden	oany in Flo FLE:	orida: (attach additional page if no	TITLE:	
I manage the foreign limited liability composite NAME & ADDRESS: TITE Brian D. Lussenden 1900 Land O' Lakes Blvd	oany in Flo FLE:	orida: (attach additional page if no	TITLE: MGRM 1vd #117	SIAId
Brian D. Lussenden 1900 Land O' Lakes Blvd	oany in Flo FLE:	orida: (attach additional page if no	TITLE:	DIVISION DE V
I manage the foreign limited liability composite NAME & ADDRESS: TITE Brian D. Lussenden 1900 Land O' Lakes Blvd	oany in Flo FLE:	orida: (attach additional page if no	TITLE: MGRM 1vd #117	DIVISION OF CORPOR

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.)

State of Delaware

Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALT INVESTMENTS 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 NINTH DAY OF SEPTEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

98 SEP 21 PM L: 11

Edward J. Freel, Secretary of State

2942128 8300

981349350

AUTHENTICATION:

9291700

DATE:

09-09-98

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:					
Alt Investments LLC					
2. The name and the Florida street address of the registered agent and office are:					
Brian D. Lussenden					
(Name)					
1900 Land O' Lakes Blvd. Suite I17 Florida street address (P.O. Box NOT ACCEPTABLE)					
Lutz FL 33549					
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.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	·
Alt Investments LLC certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ 50,000.00,
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 contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 50,000.00
Bai D. Just	
Signature of a member or an authorized representative of a mem (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.)	ber.
Brian D. Lussenden Typed or printed name of signee	<u> </u>

Filing Fee: \$250.00 for Application and Affidavit