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Memster	International us.	
do J. Clark	International LC equestor's Name	
4 8 WHI	amaton Falls Dr.	
	Lampton Falls Or. Address	
Jackson	Zip Phone #	
City/State	Zip Phone #	
		Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMB	ER(S), (if known):
1		
(Corp	poration Name) (Docu	ment #)
2. <u>(Con</u>	poration Name) (Docu	ment #)
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3(Con	poration Name) (Docu	ment #)
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4(Corj	poration Name) (Docu	ment #)
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☐ Walk in	Pick up time	Certified Copy
Mail out	Will wait Photocopy	Certificate of Status
		— Certificate of Status
NEW FILINGS	AMENDMENTS	· 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Profit	Amendment	ECOCC-
NonProfit	Resignation of R.A., Officer/Director	600002672646m27
Limited Liability	Change of Registered Agent	*****285.00 ****285.00
Domestication	Dissolution/Withdrawal	
ame Other	Merger	
vailability 38/00 dec		
OCCUPED OTHER FILINGS	REGISTRATION/	
xamın Annual Report	∰ QUALIFICATION Z	
Indater Fictitious Name	Foreign	
er Name Reservation	Limited Partnership	
verager	Reinstatement	
Actino ledgement DCC	Trademark	•
W. P. Verifyer DUC	Other	
ODERALLI (S.C.)		Examiner's Initials

CR2E031(1/95)

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:

1. Name of fo so contained	reign limited liability company d in the name at present.)	must end with the wor	ds "limited company" or their abbre	viation "L.C." if not
2. De (Jurisdiction company is	under the law of which foreign organized)	3 limited liability	77-0454 (FEI number, if applied	991 cable)
4	OY /OI / 97 (Date of Organization)	5	04/01/27 (Duration: Year limited liability corexist or "perpetual")	mpany will cease to
6	(Date first transacted busine	ess in Florida. (See sec	tions 608.501, 608.502, and 817.155	5,F <u>\$</u> 22
			Dr.	
<u></u>	Jacksonville,	FL 322	24 rincipal office)	26
	,	(Street address of p	rincipal office)	P ₂ ≥ O
	title, and business address ge the foreign limited liabil		member[MGRM] or manager	
_	,	ity company min	orida. (attach additional page i	i necessary 🚜
Ī	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Ī		TITLE:		•
Ī	NAME & ADDRESS:	TITLE:		•
Ī	NAME & ADDRESS: John Clarh	TITLE:Op. i7gr		•
Ī	NAME & ADDRESS: Tohn Clarh 14148 Hampton Fu	TITLE:Op. i7gr		•
1	NAME & ADDRESS: Tohn Clarh 14148 Hampton Fu	TITLE:Op. i7gr		•
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	NAME & ADDRESS: Tohn Clarh 14148 Hampton Fu	TITLE:Op. i7gr		•
	NAME & ADDRESS: Tohn Clarh 14148 Hampton Fu	TITLE:Op. i7gr		•

^{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	or
International, 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	s 10,000
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.)	OF DOT 26
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.)	AM II: 05 E. FLONDO
Tohn Clark Typed or printed name of signee	

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: MemStor International			
2. The	name and the Florida street address of the registered agent and office are:			
	John Clark (Name)	SEC	98	
	14148 Hampton Falls Dr. Florida street address (P.O. Box NOT ACCEPTABLE)	AHASSEE	OCT 26	
	Jacksonville/FL/32224 City/State/Zip	F STATE FLORIDA	AM 11: 05	Ö

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

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 "MEMSTOR INTERNATIONAL, 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 NINETEENTH DAY OF OCTOBER, A.D. 1998.

98 OCT 26 AN II: 05
SECRETAIN DESTATE
TALLAHASSEE, FLORIDA

-IBAT

Edward J. Freel, Secretary of State

9360595

AUTHENTICATION:

10-19-98

2735501 8300

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DATE: