M98000001349

CAPITOL SERVICES d/b/a

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

1406 Hays Street,		
(Address) Tallahassee, FL 3 (City, State, Zip)	(2301 (904) 656-3992 (Phone #)	OFFICE USE ONLY
	E(S) & DOCUMENT NUMI	500026903653 -11/18/9801039024 ****337.50 ****337.50
1. The Whiles,	Tone Group, LLC	(Document #) (Document #) (Document #)
2. (Corporation	on Name)	(Document #)
3. (Сотрогай 4.	on Name)	(Document #) P 200 S S AAAAA
	ck up time//_8 Vill waitPhotocopy	(Document #) Certified Copy Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	7 7
NonProfit	Resignation of R.A., Officer	:/Director
Limited Liability	Change of Registered Agen	r/Director
Domestication	Dissolution/Withdrawal	
Other	Merger	Name Agoli.
	REGISTRATION/	Availability // Charles
OTHER FILINGS	QUALIFICATION	Document Examiner
Annual Report	Foreign	Updater
Fictitious Name	Limited Partnership	Upda'er D
Name Reservation	Reinstatement	Verifyer // Verifyer
	Trademark	Acknowledgement W. P. Verifyer Taifials

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:

NEW YORK	3.
diction under the law of which any is organized)	foreign limited liability (FEI number, if applicable)
MARCH 9, 1998	5 PERPETUAL
(Date of Organization	
Upon Qual.	
(Date first transacted	business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
1201 BRICKEL AVEN	UE, SUITE 210, MIAMI, FLORIDA 33131
ame, title, and business a nanage the foreign limited	(Street address of principal office) idress of each managing member[MGRM] or manager[MGR] who liability company in Florida: (attach additional page if necessary)
ame, title, and business a nanage the foreign limited NAME & ADDRES	(Street address of principal office) idress of each managing member[MGRM] or manager[MGR] who liability company in Florida: (attach additional page if necessary)
nanage the foreign limited	(Street address of principal office) idress of each managing member[MGRM] or manager[MGR]who liability company in Florida: (attach additional page if necessary)
NAME & ADDRES	(Street address of principal office) idress of each managing member[MGRM] or manager[MGR] who liability company in Florida: (attach additional page if necessary) S: TITLE: NAME & ADDRESS: TITLE: Managing Member 120 West 18th Street
NAME & ADDRES	(Street address of principal office) idress of each managing member[MGRM] or manager[MGR] who liability company in Florida: (attach additional page if necessary) S: TITLE: NAME & ADDRESS: TITLE: Managing Member 120 West 18th Street
NAME & ADDRES	(Street address of principal office) idress of each managing member[MGRM] or manager[MGR] who liability company in Florida: (attach additional page if necessary) S: TITLE: NAME & ADDRESS: TITLE: Managing Member 120 West 18th Street New York, New York 10011
NAME & ADDRES	(Street address of principal office) idress of each managing member[MGRM] or manager[MGR] who liability company in Florida: (attach additional page if necessary) S: TITLE: NAME & ADDRESS: TITLE: Managing Member 120 West 18th Street New York, New York 10011 Managing Member 111 Deer Run Roslyn, New York 11577

State of New York **Department of State**

I hereby certify, that WHITESTONE GROUP, LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 03/09/1998, and that the limited liability company is subsisting so far as shown by the records of the Department.

A Certificate of Amendment WHITESTONE GROUP, LLC, changing name to THE WHITESTONE GROUP, LLC, was filed 03/18/1998.

The limited liability company has not filed proofs of publication under section 206 (c) of the Limited Liability Company Law.

Witness my hand and the official seal

of the Department of State at the City of Albany, this 23rd day of October

Deputy Secretary of State

one thousand nine hundred and

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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: THE WHITESTONE GROUP, LLC				
2. The name	and address of the registered agent and office is:			
•	UNITED CORPORATE SERVICES, INC.	9 0		
	(Name)	AON 86		
	801 NORTHEAST 167th STREET - SUITE 300	8 8		
	(P.O. Box of Mail Drop Box NOT ACCEPTABLE)			
	NORTH MIAMI BEACH, FLORIDA 33162	: 2		
	(City/State/Zip)	27		

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.

By: // (Signature) III.

By: // (Date)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative	e of a member of <u>THE WHITES</u>	STONE	
GROUP, LLC	deposes and says:		
1) the above named limited liability company has at I	least two members		
2) the total amount of cash contributed by the member	ar(s) is	\$ 15,000	
3) if any, the agreed value of property other than cash A description of the property is attached and made		\$_0	•
4) the amount of cash or property anticipated to be co This total includes amounts from 2 and 3 above.	ontributed by member(s) is	\$ <u>0</u> .	
Signature of a member or author (In accordance with section 608,408(3), affidavit constitutes an affirmation under stated herein are true.)	Managing Wester	\$ \\\ , o \\ \ .	
	Application and Affidavit	98 NOV 18 PH 1:27	SECRETARY OF STATE