8000001445 Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS ... Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Trademark

Other

CR2E031(1/95)

Examiner's Initials

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

IN COMPLIANCE WITH SECTION 60850B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER & FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware	3.		
sdiction under the law of which foreign pany is organized)	limited liability	(FEI number, if applied	cable)
(Date of Organization)	5.	Perpetual (Duration: Year limited liability corexist or "perpetual")	mpany will cease to
Upon Qualification		, -	
		ections 608.501, 608.502, and 817.155	5, F.S.)
6910 N.W. 12th Street	<u> </u>	<u> </u>	
	_		
Miami, FL 33126			
name, title, and business address	of each managin	principal office) g member[MGRM] or manager lorida: (attach additional page it	[MGR]who
name, title, and business address	of each managingity company in Fi	g member[MGRM] or manager	[MGR]who f necessary) TITLE:
name, title, and business address manage the foreign limited liabili NAME & ADDRESS:	of each managing ity company in FiTTLE: LLC MGRM	g member[MGRM] or manager orida: (attach additional page it	f necessary)
name, title, and business address manage the foreign limited liabiling. NAME & ADDRESS: Sirgany Holdings,	of each managing ity company in FiTTLE: LLC MGRM	g member[MGRM] or manager orida: (attach additional page it	f necessary)
name, title, and business address manage the foreign limited liabiling. NAME & ADDRESS: Sirgany Holdings, 6910 N.W. 12th Str	of each managing ity company in FiTTLE: LLC MGRM	g member[MGRM] or manager orida: (attach additional page it	f necessary)
name, title, and business address manage the foreign limited liabiling. NAME & ADDRESS: Sirgany Holdings, 6910 N.W. 12th Str	of each managing ity company in FiTTLE: LLC MGRM	g member[MGRM] or manager orida: (attach additional page it	f necessary)
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name, title, and business address manage the foreign limited liabiling. NAME & ADDRESS: Sirgany Holdings, 6910 N.W. 12th Str	of each managing ity company in FiTTLE: LLC MGRM	g member[MGRM] or manager orida: (attach additional page it	f necessary)

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 each 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		~ `& ``
Sirgany I.P., LLCcertifies:		
1) the above named limited liability company has at least one member;		
2) the total amount of cash contributed by the member(s) is	\$	0
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.)	\$	0
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.)		100
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Floridal Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ber.	
Raymond J. Kayal 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 Lim	9			
Sirgany I.	P., LLC	98 VISION		
2. The name and the Flo	orida street address of the registered agent and office are:	DEC -8		
Ray	mond J. Kayal, Jr.	PM 2:		
	(Name)	AFF-18-18-18-18-18-18-18-18-18-18-18-18-18-		
691	0 N.W. 12th Street			
Mia	mi 33126 FL	-		
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.

Raymond J. Käyal, Jr.

Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SIRGANY I.P., 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 SECOND DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIRGANY I.P., LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 1998.

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

Edward J. Freel, Secretary of State

2972522 8300

AUTHENTICATION:

9433451

981460419

DATE:

12-02-98