1900000085 PARALEGAL & ATTORNEY SERVICE BUREAU, INC. (Requestor's Name) 1406 Hays Street, Suite 2 (Address) (904) 656-3992 OFFICE USE ONLY Tallahassee, FL 32301 (Phone #) (City, State, Zip) 06/08/99--01005--010

199000000851

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Contio LL	
2(Corporation	in Name) (Document #) (Document #)
3(Corporati	on Name) X44 PMW (Document#)
	on Name) (Document #) Certified Copy Co
7	Certified Copy Will wait Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment EN WPMM
NonProfit	Amendment Resignation of R.A., Officer/Director Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger TW1
OTHER FILINGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign 10:11 W 8- NN 66
Fictitious Name	Limited Partnership Discontinuous Alliana All
Name Reservation	Reinstatement Q V G (2)
	Trademark

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

Contio, LLC			7	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ame of foreign limited liability compar contained in the name at present.)	ny must end with the wo	rds "limited company" or their	abbreviation "L.C." no	
Delaware	2	65-090-3598		٠ ب
risdiction under the law of which fore npany is organized)	ign limited liability	(FEI number, if	applicable)	0
3/22/99	5.	Perpetual		
(Date of Organization)		(Duration: Year limited liabiexist or "perpetual")	lity company will cease to	0
upon qualification			99 ** *	2
(Date first transacted but	siness in Florida. (See se	ctions 608.501, 608.502, and	817.155, F.S.)	
3800 Northeast Second A			7 9	
Miami, FL 33137			P _p	
	(Street address of	principal office)		33
st name, title, and business addr Il manage the foreign limited lia	ess of each managing ability company in F	g member[MGRM] or ma lorida: (attach additional p	anager[MGR]who	SHO
st name, title, and business addr Il manage the foreign limited lia NAME & ADDRESS:	ability company in Fl	orida: (attach additional _l	page if necessary)	10HS
Il manage the foreign limited lia	ability company in F	orida: (attach additional _l	page if necessary)	TOKS
Il manage the foreign limited lia	TITLE: Chief Execution	orida: (attach additional positional positio	page if necessary)	OHS
Il manage the foreign limited lia NAME & ADDRESS: Michael Benenson	TITLE: Chief Executions Manager d North	orida: (attach additional positional positio	page if necessary)	IOHS
I manage the foreign limited lia NAME & ADDRESS: Michael Benenson 102 Ladder Hill Roa	TITLE: Chief Execut Manager d North	orida: (attach additional positional positio	page if necessary)	0HS
Michael Benenson 102 Ladder Hill Roa Weston, CT 06883 Joshua Benenson 3800 Northeast Secon	TITLE: Chief Execut Manager d North Chief Opera	orida: (attach additional posterior and post	page if necessary)	10HS
NAME & ADDRESS: Michael Benenson 102 Ladder Hill Roa Weston, CT 06883 Joshua Benenson	TITLE: Chief Execution Manager d North Chief Operation Manager and Ave., 2nd F1.	NAME & ADDRES ive MGRM	page if necessary)	OHS
NAME & ADDRESS: Michael Benenson 102 Ladder Hill Roa Weston, CT 06883 Joshua Benenson 3800 Northeast Secon	TITLE: Chief Execut Manager d North Chief Opera Manager and Ave., 2nd F1.	orida: (attach additional posterior and post	page if necessary)	10HS
NAME & ADDRESS: Michael Benenson 102 Ladder Hill Roa Weston, CT 06883 Joshua Benenson 3800 Northeast Secon Miami, FL 33137	TITLE: Chief Execution Manager d North Chief Operation Manager and Ave., 2nd F1. Managing Director	orida: (attach additional j NAME & ADDRES ive MGRM ting MGRM	page if necessary)	OHS
NAME & ADDRESS: Michael Benenson 102 Ladder Hill Roa Weston, CT 06883 Joshua Benenson 3800 Northeast Secon Miami, FL 33137 Gary Manheimer 3800 Northeast Secon	TITLE: Chief Execution Manager d North Chief Operation Manager and Ave., 2nd F1. Managing Director	orida: (attach additional j NAME & ADDRES ive MGRM ting MGRM	page if necessary)	OHS TO THE TOTAL
NAME & ADDRESS: Michael Benenson 102 Ladder Hill Roa Weston, CT 06883 Joshua Benenson 3800 Northeast Secon Miami, FL 33137 Gary Manheimer 3800 Northeast Secon	TITLE: Chief Execution Manager d North Chief Operation Manager and Ave., 2nd F1. Managing Director	orida: (attach additional j NAME & ADDRES ive MGRM ting MGRM	page if necessary)	10HS

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 Contio, L	rc A
certifies:	1.03
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>150,000.00</u> ;
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	\$ <u>50,000,0</u> (office equipment
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.)	\$200,000.00
Joseph January Contraction of the Contraction of th	SECURE SHEEL SECURES
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. : 07
Joshua Benenson 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 Compan	y is:			
		Contio, Ll	LÇ			
2.	The name an	d the Florida street address of	the registered agent and office ar	HINT 66		
		Joshua Benenson				
		0 33E				
		3800 Northeast	Second Avenue, 2nd Floor	OF STA		
		Florida street address	s (P.O. Box NOT ACCEPTABLE)	87 = =		
		Miami	33137 FL	7 5		
			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

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 "CONTIO, 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 SEVENTH DAY OF JUNE, A.D. 1999

AND I_DO_HEREBY FURTHER CERTIFY THAT THE SAID "CONTIO, LLC"
WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 1999.

AND I_DO_HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE

99 JUN -8 PH 1: 09

GEORETARY OF STATEONS
OF ASSOURCE CERPORATIONS



Edward J. Freel, Secretary of State

AUTHENTICATION:

9788300

991226514

8300

3016057

DATE:

06-07-99