M99000000895

-	lification/Tax Lien Section sion of Corporations		
SUBJECT:	Deltom Solutions LLC		W19-11202
SUBJECT:	(Name of corporation	n - must include suffix)	0071
Dear Sir or	Wrong Form Madam: 007 pg - 00524 -		74
"Certificate	d "Application by Foreign Corporation for a of Existence", and check are submitted to reusiness in Florida.		ed foreign corporation
Please return	n all correspondence concerning this matter	to the following:	JUN 14
	Gary M. Murphree, Esq.		AN ORPED
lame vailability	(Name of	Person)	STATE PORATION 1 8: 39
	Ferrell Schultz Carter	& Fertel, P.A.	39 39 39 39 39 39 39 39 39 39 39 39 39 3
ocument xaminer	(Firm/Cor Suite 1920, Miami Cente	npany)	5
lpdater	201 So. Biscayne Blvd.		<u>100</u> 028713532
lpdate r Yerifyer	(Addre	ess)	-06/16/9901033004 *****206.25 *****206.25
cknowledgement	Miami, FI, 33131	!'Z':\	
V. P. Verifyer	(City/Stat	.e/Z1p)	
Should you	need to call someone concerning this matter		00028713532 -05/11/9901058002 *****78.75 *****78.75
Gary M	. Murphree at (305	371-8585	
(Na		Code & Daytime Telephor	ne Number)
STREET A	DDRESS:	MAILING ADDRESS:	
		Qualification/Tax Lien S Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is	a check for the following amount:		DATE 10-15-99 DOC. EXAM NAME
□ \$70.00 F	lling Fee 2 \$78.75 Filing Fee & 3 Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 13, 1999

GARY M. MURPHREE, ESQ. FERRELL SCHULTZ CARTER & FERTEL, P.A. 201 SO. BISCAYNE BLVD., SUITE 1920 MIAMI, FL 33131

SUBJECT: DELTOM SOLUTIONS LLC

Ref. Number: W99000011202

We have received your document for DELTOM SOLUTIONS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application submitted is for a Corporation, however, DELTOM SOLUTIONS LLC is a Limited Liability Company. Please find enclosed the correct application to qualify an out of state limited liability company to transact business in Florida. Complete this application and resubmit with the correct filing fee.,

The fees to qualify a foreign limited liability company total \$285.00 and breakdown as follows: \$250.00 filing fee for the application and affidavit and \$35 registered agent designation fee. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$206.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist

Letter Number: 099A00026307

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:

Deltom Solutions I			
lame of foreign limited liability company muo contained in the name at present.)	ust end with the	words "limited company" or their abb	reviation "L.C." if not
Delaware urisdiction under the law of which foreign liming mpany is organized)	mited liability	3(FEI number, if app	licable)
11/6/88 (Date of Organization)		5. Perpetual (Duration: Year limited liability co	ompany will cease to
4-1-99		exist or "perpetual")	
·	•	sections 608.501, 608.502, and 817.15	5, F.S.)
5201 Blue Lagoon D	Orive, Per	thouse Floor	
Miami, FL 33126	-		
		ferminal office	
st name, title, and business address of Il manage the foreign limited liability		ng member[MGRM] or manager	
st name, title, and business address of ll manage the foreign limited liability NAME & ADDRESS:	each managir company in l	ng member[MGRM] or manager	
st name, title, and business address of ll manage the foreign limited liability	each managir company in l	ng member[MGRM] or manager Florida: (attach additional page i	f necessary)
st name, title, and business address of ll manage the foreign limited liability NAME & ADDRESS:	each managir company in l TITLE:	ng member[MGRM] or manager Florida: (attach additional page i	f necessary)
st name, title, and business address of ll manage the foreign limited liability NAME & ADDRESS: Richard N. Cohen	each managir company in l TITLE:	ng member[MGRM] or manager Florida: (attach additional page i	f necessary)
st name, title, and business address of Il manage the foreign limited liability NAME & ADDRESS: Richard N. Cohen 195 Beach 144th St.	each managir company in l TITLE:	ng member[MGRM] or manager Florida: (attach additional page i NAME & ADDRESS:	f necessary) TITLE: 99 July 1850
st name, title, and business address of Il manage the foreign limited liability NAME & ADDRESS: Richard N. Cohen 195 Beach 144th St.	each managir company in l TITLE:	ng member[MGRM] or manager Florida: (attach additional page i NAME & ADDRESS:	f necessary) TITLE: 99 July 1850
st name, title, and business address of Il manage the foreign limited liability NAME & ADDRESS: Richard N. Cohen 195 Beach 144th St.	each managir company in l TITLE:	ng member[MGRM] or manager Florida: (attach additional page i NAME & ADDRESS:	f necessary)
st name, title, and business address of Il manage the foreign limited liability NAME & ADDRESS: Richard N. Cohen 195 Beach 144th St.	each managir company in l TITLE:	ng member[MGRM] or manager Florida: (attach additional page i NAME & ADDRESS:	f necessary) TITLE: 99 July 1850

^{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 "DELTOM SOLUTIONS 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 EIGHTH DAY OF APRIL, A.D. 1999.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9675289

DATE:

04-08-99

2963708 8300

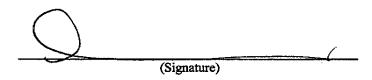
991132738

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	f the Limited Liability	Company is:		
	De	ltom Solutions	LLC		
2.	The name ar	nd the Florida street ac	ddress of the register	ed agent and office a	ire:
		Gary M. Murph	nree, Esq.		
			(Name) Ltz Carter & F Miami Center	ertel, P.A.	
		Florida str	reet address (P.O. Box	NOT ACCEPTABLE)	
	_	Miami,	FL	33131	
			City/State/Z	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.



Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned	member or authorized repres	sentative of a m	ember of	
DELTOM	SOLUTIONS	certi	fies:	
1) the above name	ed limited liability company	has at least one	member;	
2) the total amou	nt of cash contributed by the	member(s) is		\$ 200,000,-;
	eed value of property other the of the property is attached a		* ` ` `	\$;
by member(s)	nt of cash and property contris is udes amounts from 2 and 3 a		cipated to be contributed	\$ 200,000
	Medd 1		6/4/95	
	Signature of a member or a // (in accordance with section 608 affidavit constitutes an affirmati stated herein are true.)	.408(3), Florida St	atutes, the execution of this	ber.
		2D N.		
	Type	d or printed nan	ne of signee	

Filing Fee: \$250.00 for Application and Affidavit