

072100000032 ACCOUNT NO.

284582 REFERENCE

4721633

AUTHORIZATION

COST LIMIT

June 23, 1999 ORDER DATE :

9:52 AM ORDER TIME :

284582-010 ORDER NO.

4721633 CUSTOMER NO:

William T. Mays, Esq CUSTOMER:

Waring Cox, Plc

13th Floor

50 North Front Street Memphis, TN 38103

FOREIGN FILINGS

EZRI, LLC

900002914179--4

(TYPE: <u>LL</u>) XXXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

ERTIFIED COPY XXX LAIN STAMPED COPY Availabuty CERTIFICATE OF GOOD STANDING Document DCC Examiner CONTACT PERSON: HARRY DAVIS Updater

ے. verityer

wement.

DCC

DCC

Updater

erifver

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:

(Name of foreign limited liability com- contained in the name at present.)	pany must end with the	words "limite	d company or their abor	eviation E.C. ii	not so .
Delaware		_ 3	62-0933375		
(Jurisdiction under the law of which fo			(FEI number, if applicable)		
company is organized)				Z:S: 99	
6/23/99		5	perpetua <u>l</u>	<u> </u>	
(Date of Organization	ı)		ation: Year limited liabil		ease to
* 10 W 10 0		exist	or "perpetual")	24 Sylen	i [T]
6/25/99 (Date first transacted)	business in Florida. (See	e sections 608.	501, 608.502, and 817.1	55, F.St) =	U
(Date mist damaced	Dubinood III 1 xox Idaii (Sa		,	- E85	
1100 Fifth Avenue So	outh, Suite 401			<u> 景司 5</u>	
Naples, FL 34102-6	5407				
Naples, FL 34102-6 List name, title, and business ad manage the foreign limited liabi	(Street address of each manag	ing member	[MGRM] or manage	r [MGR] who v	vill
List name, title, and business ad manage the foreign limited liabi	(Street address of each managlity company in Flori	ing member ida: (attach a	[MGRM] or manage idditional page if necessary and a second control of the control	essary)	vill
List name, title, and business ad manage the foreign limited liabi	(Street address of each manag	ring member ida: (attach a	[MGRM] or manage idditional page if necessary and a second control of the control	essary)	vill
List name, title, and business ad manage the foreign limited liabi	(Street address of dress of each managlity company in Flori	ing member ida: (attach a NAME Jack Ta	[MGRM] or manage idditional page if necessary and a second control of the control	TITLE:	vill
List name, title, and business ad manage the foreign limited liabi NAME & ADDRESS: Jack Gomez 1100 Fifth Avenue South,	(Street address of dress of each managlity company in Flori	ing member ida: (attach a NAME Jack Ta 1100 Fi	[MGRM] or manage idditional page if necessary and the contract of the contract	TITLE:	vill
List name, title, and business ad manage the foreign limited liabi NAME & ADDRESS: Jack Gomez 1100 Fifth Avenue South, Naples, FL 34102-6407	(Street address of dress of each managlity company in Flori	ing member ida: (attach a NAME Jack Ta 1100 Fi	[MGRM] or manage idditional page if necessary and the control of t	TITLE:	vill
List name, title, and business ad manage the foreign limited liabi NAME & ADDRESS: Jack Gomez 1100 Fifth Avenue South,	(Street address of dress of each manag lity company in Flori TITLE: MGR Suite 401	ing member ida: (attach a NAME Jack Ta 1100 Fi	[MGRM] or manage idditional page if necessary and the control of t	TITLE:	vill
List name, title, and business ad manage the foreign limited liabi NAME & ADDRESS: Jack Gomez 1100 Fifth Avenue South, Naples, FL 34102-6407 Bruce Gomez	(Street address of dress of each manag lity company in Flori TITLE: MGR Suite 401	ing member ida: (attach a NAME Jack Ta 1100 Fi	[MGRM] or manage idditional page if necessary and the control of t	TITLE:	vill
List name, title, and business ad manage the foreign limited liabi NAME & ADDRESS: Jack Gomez 1100 Fifth Avenue South, Naples, FL 34102-6407 Bruce Gomez 1100 Fifth Avenue South,	(Street address of dress of each manag lity company in Flori TITLE: MGR Suite 401	ing member ida: (attach a NAME Jack Ta 1100 Fi	[MGRM] or manage idditional page if necessary and the control of t	TITLE:	vill
List name, title, and business ad manage the foreign limited liabi NAME & ADDRESS: Jack Gomez 1100 Fifth Avenue South, Naples, FL 34102-6407 Bruce Gomez 1100 Fifth Avenue South, Naples, FL 34102-6407	(Street address of dress of each manag lity company in Flori TITLE: MGR Suite 401 MGR Suite 401	ing member ida: (attach a NAME Jack Ta 1100 Fi	[MGRM] or manage idditional page if necessary and the control of t	TITLE:	vill

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.)

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 L	iability Company is:	
_	EZRI, LLC	<u> </u>	
2.	The name and the Florida s	treet address of the registered agent and office are:	
		Corporation Service Company (Name) 1201 Hays Street	99 JUN 21 SECRETAR TALLAHASS
	T	Florida street address (P.O. Box NOT ACCEPTABLE) allahassee, FL 32301	ED AMIL: 5
		City/State/Zip	— > 0

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.

Delevrah W. Skipper as agent

Filing Fee: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	e undersigned member or authorized representative of a member ofEZON, INC.		
	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	\$100	;
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.)	\$;
а	nd		
4)	the total amount of cash and property contributed and anticipated	s 100	
	to be contributed by member(s) is	\$	• •
	(This total includes amounts from 2 and 3 above.)		
	By: Assistant Secretary Signature of a member or an authorized representative of a member. (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	99 JUN 24 A	
		3TATE	. · = ·_
	Robert C. Starnes, Assistant Secretary		
	Typed or printed name of signee		

Filing Fee: \$250.00 for Application and Affidavit

State of Delaware Office of the Secretary of State

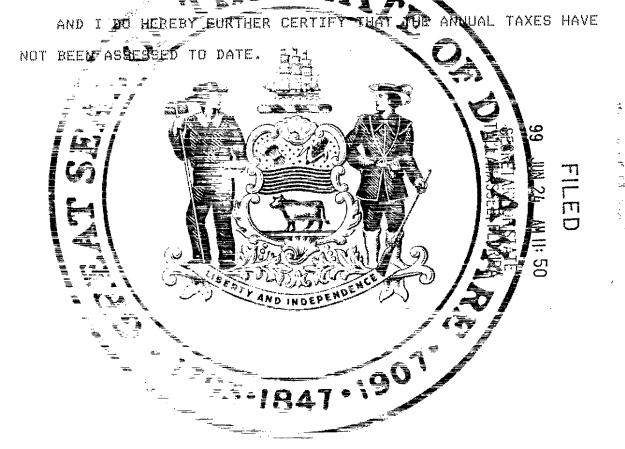
I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EZRI, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR HE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-THIRD DAY OF JUNE, A D. 1882





Edward J. Freel, Secretary of State

AUTHENTICATION:

9824469

991255209

3060288

8300

DATE:

06-23-99