G. F. CODPORTUTON GUOTTA	990000	
C T CORPORATION SYSTEM  equestor's Name 660 East Jefferson Street	· · · · · · · · · · · · · · · · · · ·	
ddress	= -	
Tallahassee, FL 32301	(850)222-1092 Phone	<b>000002932060-</b> -07/15/99010340
CORPORATIO		****285.00 ****28
Hip Chips, L.L.	C.	
) Profit ) NonProfit ( Limited Liability Compan		() Merger
Ž Foreign	() Dissolution/Withdrav	Manager and All Control of the Contr
) Limited Partnership ) Reinstatement ) Limited Liability Partne	( ) Annual Report ( ) Reservation	() Other () () Change of R.A. () Fictivious Name
) Certified Copy	() Photo Copies	() CUS
) Call When Ready Walk In ) Mail Out	() Call if Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability Document Examiner	7/15/99 PLEA	ASE RETURN EXTRA COPY(S) FILE STAMPED THANKS JOEY
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		6-15-99

CR2E031 (1-89)

## 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:

1.	Hip Chips, L.L. ne of foreign limited liability company of	.C. nust end with the wo	ords "limited company" or th	eir abbreviation	"L.C." if no	ot
so co	ontained in the name at present.)					
2. (Juris	Delaware sdiction under the law of which foreign bany is organized)	3. limited liability	76 - 06057 (FEI number,	if applicable)		<del></del>
4	February 10, 1999 (Date of Organization)	5.	(Duration: Year limited liexist or "perpetual")	ability company	will cease	to
6	Upon Qualification (Date first transacted busine	Ss in Florida. (See s	ections 608.501, 608.502, ar	d 817.155, F.S.	)	-
7	6200 20th Street, Space	ce 430, Vero	Beach, Florida 329	66		_ <del></del>
		(Street address o	f principal office)			
8. List will	name, title, and business address manage the foreign limited liabil	of each managir lity company in F	ng member[MGRM] or Florida: (attach additions	manager[MG al page if nec	R]who essary)	
8. List will	name, title, and business address manage the foreign limited liabil NAME & ADDRESS:	of each managir lity company in F	ng member[MGRM] or Florida: (attach additional NAME & ADDR)	il page if nec	R]who essary) TITLE:	
8. List will	nanage the foreign limited liabil  NAME & ADDRESS:  Robert W. Fortner	lity company in F	Florida: (attach additional) NAME & ADDR	il page if nec	essary)	
8. List will	NAME & ADDRESS: Robert W. Fortner 6200 20th Street, Space 430	TITLE: President/	Florida: (attach additional) NAME & ADDR	il page if nec	essary)	
8. List will	NAME & ADDRESS: Robert W. Fortner 6200 20th Street,	TITLE: President/	Florida: (attach additional) NAME & ADDR	il page if nec	essary)	e Service Service
8. List will	NAME & ADDRESS: Robert W. Fortner 6200 20th Street, Space 430	TITLE: President/	Florida: (attach additional) NAME & ADDR	il page if nec	essary)	
8. List will	NAME & ADDRESS: Robert W. Fortner 6200 20th Street, Space 430	TITLE: President/	Florida: (attach additional) NAME & ADDR	il page if nec	essary)	· · · · · · · · · · · · · · · · · · ·
8. List will	NAME & ADDRESS: Robert W. Fortner 6200 20th Street, Space 430	TITLE: President/	Florida: (attach additional) NAME & ADDR	il page if nec	essary)	
8. List will	NAME & ADDRESS: Robert W. Fortner 6200 20th Street, Space 430	TITLE: President/	Florida: (attach additional) NAME & ADDR	il page if nec	essary)	
8. List will	NAME & ADDRESS: Robert W. Fortner 6200 20th Street, Space 430	TITLE: President/	Florida: (attach additional) NAME & ADDR	il page if nec	essary)	
8. List will	NAME & ADDRESS: Robert W. Fortner 6200 20th Street, Space 430	TITLE: President/	Florida: (attach additional) NAME & ADDR	il page if nec	essary)	

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.)

## 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 Company is:
Hip	Chips, L.L.C.
2. The name and	d the Florida street address of the registered agent and office are:
	Robert W. Fortner
	(Name)
	6200 20th Street, Space 430 Florida street address (P.O. Box NOT ACCEPTABLE)
	Vero Beach FL 32966 City/State/Zip
liability compan registered agent statutes relating	med as registered agent and to accept service of process for the above stated limited y at the place designated in this certificate, I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of al to the proper and complete performance of my duties, and I am familiar with and ations of my position as registered agent.
Robert	

Filing Fee: \$ 35 for Designation of Registered Agent

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned men	iber or authorized rep	presentative of a member of	<del></del>
Hip Chips, L	.L.C.	certifies:	
<ol> <li>the above named li</li> </ol>	mited liability compa	any has at least one member;	
2) the total amount of	cash contributed by	the member(s) is	\$20,000.00
(A description of the	value of property other ne property is attache	er than cash contributed by member(s) is d and made a part hereto.)	\$ <u>-0-</u> ;
by member(s) is	f cash and property costs amounts from 2 and	ontributed and anticipated to be contributed if 3 above.)	\$20,000.00
	0	<b>n</b>	
	Kohert W. 7	or an authorized representative of a mem	la nu
(In	nocondance with section	or an authorized representative of a mem 608.408(3), Florida Statutes, the execution of this mation under the penalties of perjury that the facts	Der.
	Robert W.	Fortner Typed or printed name of signee	
		Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit

## 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 "HIP CHIPS, L.L.C." 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 FOURTEENTH DAY OF JULY, A.D. 1999.

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

Edward I. Freel, Secretary of State

3003573 8300

AUTHENTICATION:

9864319

991288456

DATE:

07-14-99