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660 East Jefferson Street	et		
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATÍ TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISER A LIMÎTED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreign limited liability co company" or their abbreviations "L.	ompany must end L.C." or "L.C." if	with the words "limited liability comnot so contained in the name at prese	pany" or "limited ent.)
DELAWARE	3		
(Jurisdiction under the law of which company is organized)	n foreign limited	liability (FEI number, if appl	(icable)
UNE 25, 1999	5.	PERPETUAL	
(Date of Organization)	(Duration: Year limited liability cocease to exist or "perpetual")	ompany will
AUGUST 10, 1999			1015155 75 (2)
(Date first transacted	business in Floric	da. (See sections 608.501, 608.502 a	nd 817.155, F.S.)
c/o Pasco Acquisition, Inc., 400 Nor	th Tampa Street		
Tampa Florida 33602			
Tampa, Florida 33602	`	lress of principal office)	
List name, title, and business a will manage the foreign limited	ddress of each	dress of principal office) managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS:	manager [MGR] wal page if necessar
List name title and husiness a	ddress of each diability comp	managing member [MGRM] or cany in Florida: (attach addition	iai page ii necessar
List name, title, and business a will manage the foreign limite. NAME & ADDRESS:	ddress of each diability comp	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS:	TITLE:
List name, title, and business a will manage the foreign limited NAME & ADDRESS: Robert A. Peiser	ddress of each diability comp	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS: Lou Fouts	TITLE:
List name, title, and business a will manage the foreign limited NAME & ADDRESS: Robert A. Peiser 325 Lakewood Drive	ddress of each diability comp	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS: Lou Fouts East 34th Street, #18-C	TITLE:
List name, title, and business a will manage the foreign limite. NAME & ADDRESS: Robert A. Peiser 325 Lakewood Drive Bloomfield Hills, MI 48308	ddress of each diability comp TITLE: MGMR MGMR	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS: Lou Fouts East 34th Street, #18-C	TITLE:
List name, title, and business a will manage the foreign limited NAME & ADDRESS: Robert A. Peiser 325 Lakewood Drive Bloomfield Hills, MI 48308 David Alpin	ddress of each diability comp TITLE: MGMR MGMR	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS: Lou Fouts East 34th Street, #18-C	TITLE:
List name, title, and business a will manage the foreign limited NAME & ADDRESS: Robert A. Peiser 325 Lakewood Drive Bloomfield Hills, MI 48308 David Alpin 2439 Hollingsworth Hill Avenue	ddress of each diability comp TITLE: MGMR MGMR	managing member [MGRM] or pany in Florida: (attach addition NAME & ADDRESS: Lou Fouts East 34th Street, #18-C	TITLE:

who

^{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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGH LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of PAI HOLDINGS, LLC certifies:	15 T
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>10,000.00</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>-o</u> ;
the total amount of cash and property contributed and anticipated to be contribute by member(s) is (This total includes amounts from 2 and 3 above.)	\$ 10,000.00
Harry H Lonardi	
Signature of a member or authorized representative of a men (In accordance with section 608.408(3), Florida Statutes, the execution of this	a ber. is

Typed or printed name of signee

affidavit constitutes an affirmation under the penalties of perjury that the facts

stated herein are true.)

HARRY G. LEONARDI

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.

FLORIDA.	TE A REGISTERED O	OFFICE AND REGISTERED AGENT IN THE STATE OF	H 1:56
l. The nar	ne of the Limited Liab	oility Company is:	o
PAI HOLDING	GS, LLC		
2. The nar	ne and the Florida stre	eet address of the registered agent and office are:	
		C T Corporation System	
		(Name)	
		1200 South Pine Island Road	
	Florida str	reet address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		(City/State/Zip)	
liability compa agent and agre relating to the obligations of	any at the place design e to act in this capacit proper and complete p my position as register	ent and to accept service of process for the above stated limitated in this certificate, I hereby accept the appointment as r ty. I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and accept red agent.	egistered utes
C T Corporation S	Conie Bry	CONNIE BRYAN SPECIAL ASSISTANT SECRETARY	
	(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 "PAI HOLDINGS, 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 NINTH DAY OF AUGUST, A.D. 1999.

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

Edward J. Freel, Secretary of State

AUTHENTICATION:

9911424

DATE:

08-09-99

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