Document Number Only	1/99	20/369
CT Corporation Syste	em .	
Requestor's Name	·	
660 East Jefferson S Address	treet	
Tallahassee, FL 3230	1 (850)222-1092	200002973402
City State Zip	Phone	-08/30/9901068020
CORPORA	TION(S) NAME	****285.00 ****285.00
() Profit () NonProfit Profit () Karacon LLC () Limited Partnership () Reinstatement () Certified Copy	() Amendment () Dissolution/Witho () Annual Report () Reservation () Photo Copies	() Merger () Mark () Other ucc Filing () Change of R.A. () Fic. Name () CUS
() Call When Ready * Walk In () Mail Out	() Call if Problem () Will Wait	() After 4:30 ¥≨ Pick Up
Name Availability Document Examiner Updater Verifler	8/30 GJ	Please Return Extra Copies File Stamped To: Jeffrey Butterfield

CR2F031 (1-89)

Acknowledgment

W.P. Verifier

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FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

August 30, 1999

CT CORPORATION SYSTEM

WALK- IN P

SUBJECT: STRATACON LLC Ref. Number: W99000020120

We have received your document for STRATACON LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6043.

Shawn Logan

Document Specialist

Please Bruke work

Letter Number: 499A00043287

AUG 31 AMIL 2

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

	, TRANSA	CT BUSINES	SS IN FLORIDA	A		-	
	COMPLIANCE WITH SECTION 608.503, FLORI MITED LIABILITY COMPANY TO TRANSACT BU				REGISTER	A FOREIC	3N
1.		con LLC	1 114 1 1 1 1 1 1				
	(Name of foreign limited liability company mu company" or their abbreviations "L.L.C." or "L	ist end with the v i.C." if not so con	vords "limited liabil tained in the name	at present.)	umited		
2.	Georgia		58-2429357	-			
_	(Jurisdiction under the law of which foreign li company is organized)	mited liability	(FEI number	, if applicable)			
4.	November 9, 1998	5	December 31,	2088			
•	(Date of Organization)		on: Year limited lial exist or "perpetual"		1		
6.	(Date first transacted business in	Florida. (See s	ections 608.501, 608	8.502 and 817.155	, F.S.)		
7.	1117 Perimeter Center West, Su	ite 500-E, /	Atlanta, Georg	ia 30338		:	
	(Str	reet address of pri	ncipal office)	-			
8.	List name, title, and business address of will manage the foreign limited liability	each managin company in F	g member [MGR lorida: (attach ac	M] or manager Iditional page if	[MGR] wi	10	
	NAME & ADDRESS: TITLE	e: Nai	ME & ADDRESS:	TITL	E:		
	Todd G. Cole, II Manag 1117 Perimeter Center West Suite 500-E Atlanta, GA 30338			· · · · · · · · · · · · · · · · · · ·			
					3		· · · · · · · · · · · · · · · · · · ·
	Suite 500-E Atlanta, GA 30338				5 8	n	
		. 		• • • • • • • • • • • • • • • • • • • •			
					- 5 - 5	: I	<u>.</u> '

^{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.

*******		Stratacon LLC	· · · · · · · · · · · · · · · · · · ·
2.	The name and the Fl	orida street address of the registered agent and	office are:
		C T Corporation System	
		(Name)	
		1200 South Pine Island Road	
		Florida street address (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324	
		(City/State/Zip)	- · · · · ·
Howi	ing been named as regis lity company at the plac	stered agent and to accept service of process for ce designated in this certificate, I hereby accep	r the above stated limited
iabi agen relat oblig	it and agree to act in thi ling to the proper and co gations of my position a	is capacity. I further agree to comply with the omplete performance of my duties, and I am fan	provisions of all statutes
iabi agen relat oblig	it and agree to act in thi ing to the proper and co	is capacity. I further agree to comply with the omplete performance of my duties, and I am fan	provisions of all statutes

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

Th	e undersigned member or authorized representative of a member of Straightful S	tacon LLC	
_	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	\$ <u>10,000.00</u>	.; -
	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	\$;
4)		ted \$10,000.00	
	STRATACON LLC	- 	
	Signature of a member or authorized representative of a me (In accordance with section 608.408(3), Florida Statutes, the execution of affidavit constitutes an affirmation under the penalties of perjury that the fastated herein are true.) R. Mark Williamson	this	
	Typed or printed name of signee		
-		FILED 99 AUS 30 FM 30 31 STATE OF THE STATE	
	Filing Fee: \$250.00 for Application and A	ffidavit 5	

FL058 - C T System Online

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : K92311015
CONTROL NUMBER : K841089
DATE INC/AUTH/FILED: 11/09/1998
JURISDICTION : GEORGIA
PRINT DATE : 08/19/1999
FORM NUMBER : 211

ALSTON & BIRD

ATTN: JAN EZELL 1201 W. P'TREE ST

ATLANTA, GA 30309

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

STRATACON LLC A GEORGIA LIMITED LIABILITY COMPANY

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Secretary of State