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REFERENCE : 368803 81823A

AUTHORIZATION : Patricia Pignato

COST LIMIT : \$ 285.00

ORDER DATE : September 9, 1999

ORDER TIME : 10:58 AM

ORDER NO. : 368803-005

CUSTOMER NO: 81823A

CUSTOMER: Stephen Navaretta, Esq
Navaretta & Navaretta
Suite 203
1100 Sw St. Lucie West Blvd
Port St. Lucie, FL 34986

600002982876--5

FOREIGN FILINGS

NAME: F.P. LIMITED, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: James Guy

FILED
99 SEP -9 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
99 SEP -9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M99-1412

Name	OP 99
Availability	
Document	
Examiner	
Updater	
Verifier	
Approval	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. F. P. LIMITED, L.L.C.
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. GEORGIA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 58-2200409
(FEI number, if applicable)
4. FEBRUARY 26, 1998
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. NO TRANSACTIONS TO DATE
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 6721 PEACHTREE INDUSTRIAL BLVD
DORAVILLE, GA 30360
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>WARD I. SNYDER</u>	<u>MGR</u>		
<u>6721 PEACHTREE INDUSTRIAL BLVD</u>			
<u>DORAVILLE, GA 30360</u>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 FOREIGN
LIMITED LIABILITY COMPANY**

The member or authorized representative of a member of F. P. LIMITED, L.L.C.
_____ 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 \$ 525,000.00

3) if any, the agreed value of property other than cash contributed by member(s) is \$ N/A ;
(A description of the property is attached and made a part hereto.)
and

4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is \$ 525,000.00
(This total includes amounts from 2 and 3 above.)

S. Navaretta is counsel authorized by
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 true.) LWLK TRUST

STEPHEN NAVARETTA

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

1. The name of the Limited Liability Company is:

F. P. LIMITED, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

~~Corporation Service Company~~ STEPHEN NAVARETTA
(Name)

~~1201 N.W. Street~~ 1100 S.W. ST LUCIE WEST BLVD
Florida street address (P.O. Box **NOT** ACCEPTABLE)

~~Tallahassee, FL 32301~~ PORT ST. LUCIE, FL 34986
City/State/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.

By: 

(Signature)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$ 35 for Designation of Registered Agent

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92510632
CONTROL NUMBER : K532737
DATE INC/AUTH/FILED: 11/06/1995
JURISDICTION : GEORGIA
PRINT DATE : 09/08/1999
FORM NUMBER : 211

CSC NETWORKS, INC.
ATTN: DAVID HOLCOMB
80 STATE ST 6TH FL
ALBANY, NY 122078008

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

F.P. LIMITED, L.L.C.
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 above-named 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.



A handwritten signature in black ink, appearing to read 'Cathy Cox', is written over a horizontal line.

Cathy Cox
Secretary of State