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June 30, 1999

DIVERSIFIED COMPUTER CONSULTANTS 1370 ENERGY CENTRE 1100 POYDRAS STREET NEW ORLEANS, LA 70163

SUBJECT: COMCORE

Ref. Number: W99000015234

We have received your document for COMCORE 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must contain the names and street addresses of the members or managers of the limited liability company.

You must provide this office with the agreed value and a written description of the property and/or services you refer to in your affidavit. You may amend your affidavit to include this description or include an attachment.

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

Letter Number: 799A00034572

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

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STA  | HE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ATE OF FLORIDA:                        |
|--|--|
| 1. Com Core )  |  |
| 2. Louisiana (Jurisdiction under the law of which foreign limited liability company is organized)  | 72-144 <b>54</b> 0\ (FEI humber, if applicable)  |
| (Date of Organization)   | Perpetual Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. 51999 (Date first transacted business in Florida. (See section)   | ions 608.501, 608.502, and 817.155, F.S.)  |
| J  | rgy Centre   |
| New Orleans, LA 70163 (Street address of pri   | incipal office)  |
| 8. List name, title, and business address of each managing n will manage the foreign limited liability company in Flori                                      | nember[MGRM] or manager[MGR]whoida: (attach additional page if necessary)              |
|  | , ,  |
| NAME & ADDRESS: TITLE:   | NAME & ADDRESS: TITLE:   |
|  |  |
| NAME & ADDRESS: TITLE:   |  |
| NAME & ADDRESS: TITLE: M6RH→Paul J. McCarthy CED   | NAME & ADDRESS: TITLE:   |
| NAME & ADDRESS: TITLE:  MGRH→Paul J. McCarthy CED  116 Cherry Creek  Mandeville, LA 70448  Garth D. Hermandez COO  | NAME & ADDRESS: TITLE:   |
| NAME & ADDRESS: TITLE:  M6RH→Paul J. McCarthy CED  116 Cherry Creek  Mandeville, LA 70448  | NAME & ADDRESS: TITLE:   |
| NAME & ADDRESS: TITLE:  M6RH→Paul J. McCarthy CED  116 Cherry Creek  Mandeville, LA 70448  | NAME & ADDRESS: TITLE:   |
| NAME & ADDRESS: TITLE:  HGRH->Paul J. McCarthy CED  116 Cherry Creek  Mandeville, LA 70448  Garth D. Hernandez COO  HGRH->3407 Heatherwood  Harvey, LA 70058 | NAME & ADDRESS: TITLE:  SELVICE 99 SEP 29 PAR SEE FLEE D                               |
| NAME & ADDRESS: TITLE:  MGRH→Paul J. McCarthy CED  116 Cherry Creek  Mandeville, LA 70448  Garth D. Hernandez COO  MGRH > 3407 Heatherwood                   | NAME & ADDRESS: TITLE:  SELVICE 99 SEP 29 PAR SEE FLEE D                               |
| NAME & ADDRESS: TITLE:  HGRH->Paul J. McCarthy CED  116 Cherry Creek  Mandeville, LA 70448  Garth D. Hernandez COO  HGRH->3407 Heatherwood  Harvey, LA 70058 | NAME & ADDRESS: TITLE:  SELVICE 99 SEP 29 PAR SEE FLEE D                               |

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

| The undersigned member or authorized representative of a member of 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>100,000</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  | \$ 700;<br>(computer)                            |
| 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)   | \$_100,700.                                      |
|  |  |
| Signature of a member or an authorized representative of a mem (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.) | nber.  |
| Garth D. Hernandez   |  |
| Typed or printed name of signee  | FILED P9 SEP 29 PH SECRETARY OF STALLAHASSEE, FI |
| Filing Fee: \$250.00 for Application and Affidavit   | - 16 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1         |

## 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:   |
|--|
| Com Core, LLC.   |
| 2. The name and the Florida street address of the registered agent and office are:   |
| Sheena Patel (Name)  |
| 7650 W Courtney Campbell Causeway Florida street address (P.O. Bex NOT ACCEPTABLE) 875 Water Ford Plaza  |
| Tample FL 33607  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. Lhereby 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. |
| Sabara Patel  (Signature)  FILE  FILE  |
| Filing Fee: \$ 35 for Designation of Registered Agent  |



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

COMCORE, L.L.C.

Domiciled at NEW ORLEANS, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on May 19, 1999,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

June 2, 1999

CTO

Secretary of State

