CCPS 113 Noteridi A STREPT, TALLANNSSEE, TL 32501 202-1173 HILING COVER SHEET CCT. #FCA-14	INVERT VEI DODO	2015999					
CONTACT:	CINDY HICKS	8000030108684 -10/11/3901042012					
DATE:	10-11-99	*****125.00 *****125.00					
REF. #:	0173.8594						
CORP. NAME:	Kicense and Resource, L.L	Compliance C. Mag-1599					
( ) ARTICLES OF INCORPORAT	ION ( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION					
( / ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME					
() FOREIGN QUALIFICATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY					
() REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL					
( ) CERTIFICATE OF CANCELL ( ) <u>OTHER:</u>	ATION ( ) ÜCC-1	()UCC-3 ALGORIAN SO RECE					
STATE FEES PREPAID WITH CHECK# $6045$ FOR s $12500$ For s							
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:							
PLEASE RETURN: ( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY ( ) CERTIFICATE OF STATUS							
Examiner's Initials							

-

CHARLES BACLET & ASSO. Fax: 949-955-9590

,

ŧ.

## 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:

 $\sim$ 

Ō	License and Compliance Kesource, 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.)						
(	North Carolina Jurisdiction under the law of which foreign limited liability company is organized) 3. 56-2018893 (FEI number, if applicable)						
4.	3121197       5. Perpetual         (Date of Organization)       (Duration: Year limited liability company will cease to exist or "perpetual")						
6.	Upon receipt of Cerrificate of Austhority (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)						
7.	241 Monroe Drive						
	West Palm Blach, FL 33405 (Street address of principal office)						
	(Succes 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:
Jennfer C. Lewis	MGRM	-	DO DO
241 Monroe Drive	_	·	9 OCT
West Palm Beach, FL =	33405	· · · ·	ETAP
Max R. Lewis	MARM		SEE BAR
241 Monroe Drive	<u> </u>		AMIN CO
West Palm Blach, FL3	3405	. , · · ·	50 TATE RIDA
	<b></b>		
		·	

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:

License and Compliance Resource, L.L.C.

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

Jennifer Lewis

(Name)

 241 Monroe Drive
 Florida street address (P.O. Box NOT ACCEPTABLE)

 West Palm Beach, FL 33405
 City/State/Zip

MM 11: 50

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.

NRAI Services, Inc.

Signature

JENNIFER LEWIS

Filing Fee: \$ 35 for Designation of Registered Agent



Department of The Secretary of State

## **CERTIFICATE OF EXISTENCE** (Limited Liability Company)



I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

## LICENSE AND COMPLIANCE RESOURCE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 21st day of March, 1997, with its period of duration ending 04 2097.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



**IN WITNESS WHEREOF,** I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of October, 1999.

6 laine I. Marshall

Secretary of State

000102429