

M990000001652



ACCOUNT NO. : 072100000032

REFERENCE : 361531 7190093

AUTHORIZATION :

COST LIMIT : \$ ~~285.00~~ 125.00

ORDER DATE : September 1, 1999

ORDER TIME : 9:23 AM

ORDER NO. : 361531-030

CUSTOMER NO: 7190093

CUSTOMER: Ms. Nichole Pollich  
The Cube Corporation  
Suite 580  
1420 Spring Hill Road  
Mc Lean, VA 22102

200002984772--8

FOREIGN FILINGS

W99-21035

NAME: OMNI-CUBE, L.L.C.

MJH

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT -1 PM 2:20

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

RECEIVED  
99 SEP 10 11 36 AM  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 13, 1999

CSC  
ATTN: ANGIE GLISAR

SUBJECT: OMNI - CUBE, L.L.C.  
Ref. Number: W99000021035

We have received your document for OMNI - CUBE, L.L.C. and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The Affidavit must be completed.,

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) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 299A00045065

*Backdate to 10/1/99 per Angie*  
**RESUBMIT**  
Please give original submission date as file date.

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 OCT 19 PM 1:44

RECEIVED

**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:

1. Omni-Cube, 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. Virginia 3. 54-1767177  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 10/15/96 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 10/1/99  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1420 Spring Hill Rd, Suite 580  
McLean, VA 22102  
(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>Juan mencia</u>	<u>MGRM</u>	<u>Terry Wesselman</u>	<u>MGR</u>
<u>1420 Spring Hill Rd #580</u>		<u>7927 Jones Branch Dr #300n</u>	
<u>McLean VA 22102</u>		<u>McLean, VA 22102</u>	
<u>Jerry Hines</u>	<u>MGR</u>		
<u>1420 Spring Hill Rd #580</u>			
<u>McLean VA 22102</u>			
<u>Julien A. Patterson</u>	<u>MGR</u>		
<u>7927 Jones Branch Dr ste 300n</u>			
<u>McLean, VA 22102</u>			

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT -1 PM 2:20

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.)

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

A Virginia Limited Liability Company certificate was filed in this office on October 15, 1996 by OMNI-CUBE, L.L.C..

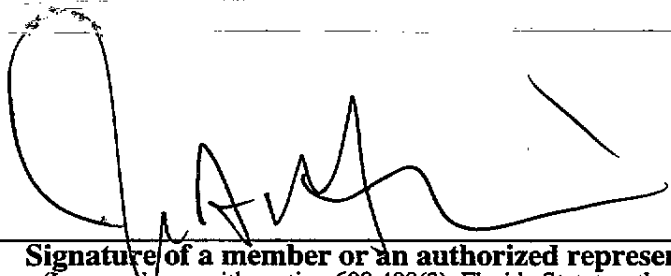
A certificate of cancellation has not been filed in this office by OMNI-CUBE, L.L.C..

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
September 3, 1999*

*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission

A handwritten signature in black ink, appearing to read 'Juan A. Mendia', written over a horizontal line.

**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.)

Juan A Mendia,

Typed or printed name of signee

**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:

Omni-Cube, L.L.C.

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

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

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.*

Corporation Service Company

By: Vicki Schreiber Asst. V.P.

(Signature)

Vicki Schreiber, Asst. V. P.

**Filing Fee: \$ 35 for Designation of Registered Agent**