## 100001724 CAPITOL SERVICES d/b/a

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301

Annual Report

Fictitious Name

Name Reservation

(904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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Examiner's Initials

cnown):

Foreign

Limited Partnership

Reinstatement

Trademark

Other

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	UNIVERSAL CO-LOCATION
	gar manage manage company)
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risdiction	under the law of which foreign limited liability  (Fill number, if applicable)
chan't is c	rea number, if applicable)
Octo	her 27 1000
	ber 27, 1999  (Date of Organization)  5. October 27, 2049  (Duration: Year limited liability
	(Date of Organization)  5. October 27, 2049 (Duration: Year limited liability company will cease to exist or "perpetual")
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	Come sust transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
/o E1-	-Kam Realty 425 B
	-Kam Realty, 425 East 61st Street, New York, New York 1002
	1002
	(Street address of principal office)
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	Street, New York, New York 10201
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## 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.

	UNIVERSAL	L CO-LOCATION, LLC	
2. The name and the Florid	da street addre	ss of the registered agent and office are	
NRAI Sen	rices, Inc.		
-		(Name)	
526 E. Pa	rk Avenue		
	Florida street ac	Idress (P.O. Box NOT ACCEPTABLE)	<del></del>
Taliahassee		Fit 32301	
		City/State/Zip	
		to accept service of process for the abo	
ules relating to the	act in this cap	to accept service of process for the abo this certificate, I hereby accept the app acity. I further agree to comply with the	ouniment as
utes relating to the proper ept the obligations of my p I Services, Inc.	act in this cap and complete position as regi	to accept service of process for the abo	ouniment as
enter relating to the proper eps the obligations of my policies, Inc.	act in this cap and complete position as regi	to accept service of process for the about this certificate, I hereby accept the appeacity. I further agree to comply with the performance of my duties, and I am fantered agent as provided for in Chapter	outment as e provisions of all tiliar with and 608, F.S
entes relating to the proper ept the obligations of my particles, Inc.	act in this cap and complete position as regi	to accept service of process for the about this certificate, I hereby accept the appearity. I further agree to comply with the performance of my duties, and I am fan stered agent as provided for in Chapter ARY  Filing Fee for Application Designation of Registered Accept	ountment as e provisions of all tiliar with and 608, F.S

## State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "UNIVERSAL CO-LOCATION, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 1999.

AND I\_DO\_HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSAL CO-LOCATION, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.

99 NOV -1 PM 12: 25

SECULTARY OF STATE
TARFORMASSEE FLORIDA

Edward J. Freel, Secretary of State

3117260 8300

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AUTHENTICATION:

0050800

DATE:

10-28-99