# M0300000 1165

\*\*125.00

(Requestor's Name)			
(Address)	400015275364		
(Address)	100010210001		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	04/14/0301033026		
(Business Entity Name)	» <i>1</i>		
(Document Number)	1. A.		
Certified Copies Certificates of Status	SSE		
Special Instructions to Filing Officer:	11/03/11/9		
	19 AFD 14		
Office Use Only	-		

April 14, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5828970 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Assent LLC (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my affention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman Fulfillment Specialist

Katrina\_Forsman@cch-lis.com

660 East Jefferson Street Tailahassee, FL 32301 Tel, 850 222 1092 Fax 850 222 7615

### 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:

	(Name of foreign limited liability company)		
2. De			
(Jur	isdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		•
4. 02	5 Perpetual		
	(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	to:	* * *
6(	03/15/2003		
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)		
<b>-7.</b> 40	0 Rella Boulevard, Suite 165, Montebello, NY 10901		
-	The second of th		~~ 78**
	(Street address of principal office)		
	(Street address of principal office)		
8. If	limited liability company is a manager-managed company, check here		
9. TI	ne name and usual business addresses of the managing members or managers are as follows:		
p	about Chaifeld 1000 Virall Assessed Didentiald NF 07657		
- <u>- x</u>	obert Greifeld, 1008 Virgil Avenue, Ridgefield, NJ 07657		
· · N	1ark A. Minister, 55 Broadway, 7th Floor, New York, NY 10006	03 A	
		R	•
_	To the second se		77
		<del>-</del> 63	13
_			0
10 4		· · ·	, ,
	ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody		as m
	e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang anslation of the certificate under oath of the translator must be submitted.)	,uage, a	
-	and the vertices could come or and authorities to converting the		
11. 1	Nature of business or purposes to be conducted or promoted in Florida:		
			•
<u>B</u> r	oker dealer		<b>₹</b> 24 .a
	fflate of that		
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes		
	an affirmation under the penalties of perjury that the facts stated herein are true.)		

Typed or printed name of signee

## 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 nan Assent LLC	ne of the Limited Lia	bility Company is:	
2. The nan	ne and the Florida str	eet address of the registered agent and office are:	
	C T Corporation Sy	ystem	
		(Name)	
		n System, 1200 South Pine Island Road ida street address (P.O. Box NOT ACCEPTABLE)	-
	Plantation	FL 33324 City/State/Zip	03 APR
liability con agent and a relating to t obligations	n named as registered npany at the place designee to act in this cape the proper and complete of my position as registation System	agent and to accept service of process for the above stated limited ignated in this certificate, I hereby accept the appointment as register acity. I further agree to comply with the provisions of all statutes, te performance of my duties, and I am familiar with and acceptate stered agent as provided for in Chapter 608, F.S	= =
By: Mary	Signatures	MARGARET E. ROUTZAHN  Special Assistant Secretary	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSENT 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 TENTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2360469

DATE: 04-10-03

3172117 8300

030238981