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SECRETARY OF STATE
SECRETARY OF STATE

M. Thomas JUN 1 U ZUUB

COVER LETTER

	tration Section on of Corporations		
SUBJECT:	REDTIP LLC (Name of Lin	nited Liability Company)	
Florida," Cert	• • •	iability Company for Authorization to Transact Business is submitted to register the above referenced foreign limited	n
Please return	all correspondence concerning this	matter to the following:	
	HUGO BE	ELTRAN	
	(N	ame of Person)	
	REDTIP LLC	08	FILED 14 10: 52
	(Fi	irm/Company)	10 FM
	3029 NE 188+1	STREET APT#808	一番の
		(Address)	, 05
	MIAMI, FL. 3	77	,
	(City/S	state and Zip Code)	
For further in	formation concerning this matter, pl	ease call:	
}	lugo BELTRAN	at (305) 865 8934	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Divisi P.O. B	LING ADDRESS: on of Corporations Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: 5.00 Filing Fee \$\int\\$130.00 Filing Fee & Certificate o		ру

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: REDTIP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) 4. APRIL 17, 2003
(Date of Organization) PERPETUAL
(Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 3029 NE 188 ST. Apt 808 ventura, F1.33180 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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.) 11. Nature of business or purposes to be conducted or promoted in Florida: Online Retail Website. Signature of a member of an authorized representative of a member. (In accordance with section 608.448(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 name of	the Limited Liability Company is:	
	REDTIP LLC	
If name unavaila	able, the alternate name to be used in the state of Florida is:	
2. The name and	d the Florida street address of the registered agent and office are:	
	HUGO BELTRAN	3 L
	(Name)	皇市
	3029 NE 1884STREET APT#808 2000	na Jun -9 Al
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	<u> </u>
	MIAMI, FL 33180 STR	AH 10: 52
~	med as registered agent and to accept service of process for the above stated limited y at the place designated in this certificate, I hereby accept the appointment as registere	ed

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 as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REDTIP 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 FIFTH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REDTIP LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2003.

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

3648570 8300

080665705

Daniel Smila Hindson

AUTHENTICATION: 6638609

DATE: 06-05-08