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FLORIDA/FOREIGN LIMITED LIABILITY

FINAVIA MANAGERS, LLC

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A. LUNT

MAR 18 2009

EXAMINER

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA SULTUIES, THE FOLLOWING IS SUBMITTED TO REGISTER A PORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Finavia Managers, LLC (Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L	ALC.," or '	"LLC.")		
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida consent of the managers or managing members adopting the alternate name. The alternate name must Company," "L.L.C.," "LLC.")	and attach t include "I	a copy of Limited I	f the writt Liability	cn
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if approximately company is organized)	plicable)	-		
4. 02/27/2009 5, Perpetus (Date of Organization) (Duration: Year limited liability exist or "perpetual")	company	will ceas	to to	
6		TACCA SECA	2009 +	
7 18851 NE 29th Ave, Suite 518		SE TO	MAR! 17	7
Aventura FL (Street Address of Principal Office)	33180	SEY FOR		
 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 			AM 9: 49	C
Jorge Wolf 18851 NE 29th Ave. Harbour Centre Ste 518 Aventura	, FL	3318	<u></u>	•
10. Attached is an original outlificate of existence, no more than 90 days old, duly authenticated by the offi the jurisdiction under the law of which it is organized. (A. photocopy is not acceptable. If the certificate is translation of the certificate under each of the translator must be submitted.)	icial having in a foreign	n jauguat Scristody	्राष्ट्रकार इ.स. व	in
11. Nature of business or purposes to be conducted or promoted in Florida: Management Services				
Signature of a member or an authorized representative of a medical formula of this document consense with section 608.408(3), P.S., the execution of this document consense affirmation under the penalties of perjury that the facts stated herein are true.) Elissa Hart - Authorized Representative	titutes			

Typed or printed name of signee

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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.

Finavia Managers, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
National Corporate Research, Ltd., Inc. (Name)	2009 MAR SECRETA TALLAHAS	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	AR 17 TARY B	
Tallahassee FI 32301 City/State/Zip	AN 9: 4	

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.

Theresa Menron

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FINAVIA MANAGERS, 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 SEVENTHENTH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FINAVIA MANAGERS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2009.

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

4660319 8300

090273860

You may verify this certificate unli at curp, delaware, gov/authvor, shtml AUTHENTY CATION: 7191121

DATE: 03-17-09