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2010 JUN 18 AM II: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDI

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations Division of Corporations		
SUBJECT: Druid Assets, Limited Liability Company Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact bus		
Please return all correspondence concerning this matter to the following:		
William Graboski		
Name of Person		
Firm/Company		
1399 Church Street		
Address Docatury Fa. 30030 City/State and Zip Code HERE	2010 JUN 18	The state of the s
E-mail address: (to be used for future annual report notification)		T
For further information concerning this matter, please call:		E .
William Gruposki at (404) 378 1440 Name of Person Area Code & Daytime Telephone Number	·	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION	TO
Domestic TRANSACT BUSINESS IN FLORIDA	
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A F	OREIGN
LIMITED LIABILITY COMPANY TO TRANSPORTED SINCESS IN THE STATE OF FLORIDA:	
1. Druid Hospets, Cimited Liability Company	
(Name of Foreign Limited Liability Company; must include "Limited Lability 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	 e written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liab Company," "L.L.C," "LLC.")	
2. Georgia 3. 58-234369 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	_
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. 9/5/1997 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_
6. NA	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S., to determine penalty liability)	-
7. 1399 Church Street	Trans.
Doc 1 1 Gr. 34020 Fr.	in
(Street Address of Principal Office)	-
8. If limited liability company is a manager-managed company, check here	
9. The name and usual buşiness addresses of the managing members or managers are as follows:	
William Edmski 1399 Church Street Porceter (a.	3113
Paniel House 53% Holmes Bayland #820, Holmes Bar	F [
Daniel Have 5306 Holmes Bowleined, #820, Holmes Beach	D/I II
	342F -
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rethe 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.)	cords in .
11. Nature of business or purposes to be conducted or promoted in Florida: Contact Prepara	4,
Fo Proches	
711010000000000000000000000000000000000	_•
- Will Charger	
Signature of a member of 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, THI UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.	3
1. The name of the Limited Liability Company is: Druid Assets, Company Limited Liability Company	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Daniel S. Have (Name) ARE AREA (Name)	SHELL STATE
5306 Halmic Knibard #820 852 a	
Florida Street Address (P.O. Box NOT ACCEPTABLE) FL 34217 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 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)

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

DRUID ASSETS, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 09/05/1997 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 14th day of June, 2010

B.Ph

Brian P. Kemp Secretary of State

Certification Number: 5980785-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp