## M 1 U U U U U 3 3 5 1

(Requestor's Na	ame)
(Address)	
(Address)	
(City/State/Zip/F	Phone #\
, PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Nur	nber)
(2001	
Certified Copies Certifi	cates of Status
Special Instructions to Filing Office	r:
·	
·	,

Office Use Only



400183269144

07/29/10--01021--016 \*\*125.00

SUFFICIENCY OF FILING

2010 JUL 29 PM 1: 20

B. KOHR
JUL 2 9 2010
EXAMINER

SECRETARY OF STATE OF STATE OF CORPORATIONS

10 JUL 29 M 213

Ed Tribble Florida Information Asso	ociates Inc	. *** ♥
Requester's Name		
P.O. Box 11144		
Address	14.4	946
Tallahassee, FL 32302-3	·	O ON
City/State/Zip Phone	; #	
(850) 878-	0188	3
·	•	Office Use Only
CORPORATION NAME(S) & DOC	CUMENT NUMBER(S),	(if known):
1 NEVAVA REGIO	ODOCUMENT #)	460
(Corporation Name)	(Document #)	•
2.		
(Corporation Name)	(Document #)	
		•
(Corporation Name)	(Document #)	
•	·	
4(Corporation Name)	(Document #)	<del></del>
Maria	•	
Walk in Pick up time		Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of I Change of Regi Dissolution/Wit Merger	
OTHER FILINGS	REGISTRATION/	<u>QUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	ship
		Examiner's Initials
CR2E031(7/97)	•	

## 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:

1	NEVADA REGIONAL CONTOR LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Com	ame unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written ent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability pany," "L.L.C," "LLC.")
2. (Ji	NEVADIA  iriseliction under the law of which foreign limited liability  mpany is organized)  3. 27-285(252  (FEI number, If applicable)
4	(Date of Organization)  5. PERPETO A—  (Duration: Year limited liability company will cease to exist or "perpetual")
6	(Data first transacted husiness in Playida If ariar to varietystian)
	(Date first transacted business in Florida, If prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	1200 BRICKELL AVE STE 1950
	MiAri FL 33/3/ (Street Address of Principal Office)
	(Street Address of Principal Office)
	f limited liability company is a manager-managed company, check here
9. 1	The name and usual business addresses of the managing members or managers are as follows:  GONZALO LOPEZ JORDAN  1200 BRICKELL AUE STE 1950
-	TWAM FL 33131
ine ju transl	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in distriction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ation of the certificate under eath of the translator must be submitted.)
li.	Nature of business or purposes to be conducted or promoted in Florida:
	Consultino Information
	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.)
	GOWZARD OPEZ JURDAN
	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:
NEVADA REGIONAL CENTER LCC
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:
MARIANGELUZ BRICENO
(Name)
1200 BRICKELL AVE STE 1950 Plorida Street Address (P.O. Box NOT ACCEPTABLE)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
City/State/Zip
Скульна дар
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 register 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 (entional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NEVADA REGIONAL CENTER LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 17, 2010, and is in good standing in this state.

SEAL OF THE SEAL O

Electronic Certificate
Certificate Number: C20100728-3684
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 28, 2010.

ROSS MILLER Secretary of State