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(Address)

(Address)

(City/State/Zip/Phone #)

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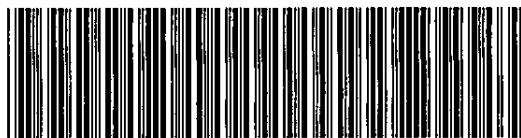
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LUGENBUHL, WHEATON, PECK, RANKIN & HUBBARD

A LAW CORPORATION
27TH FLOOR, PAN-AMERICAN LIFE CENTER
601 POYDRAS STREET
NEW ORLEANS, LOUISIANA 70130-6027

Benjamin W. Kadden

TEL: (504) 568-1990
FAX: (504) 310-9195
bkadden@lawlwr.com

June 12, 2012

Via FedEx Overnight (850) 245-6051

Florida Secretary of State
Division of Corporations
Registrations Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

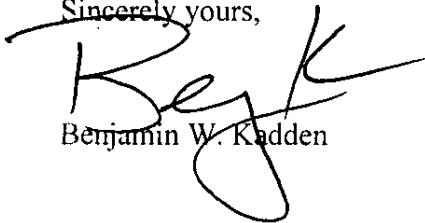
RE: Applications by Foreign Limited Liability Companies for Authorization to
Transact Business in Florida - ARRMD, LLC and Ross-DePass, LLC
Our file: 06021-120260

Dear Sir/Madam:

Enclosed please find an original and one copy of an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, together with the necessary Certificate of Designation of Registered Agent/Registered Office and Certificate of Good Standing for the following two entities: (a) ARRMD, LLC; and (b) Ross-DePass, LLC. Please file the originals into the record and return one certified copy of each in the enclosed self-addressed stamped envelope. Two firm checks, each in the amount of \$155.00, are enclosed to cover the applicable fees.

Should you require anything further, please contact me.

Sincerely yours,


Benjamin W. Kadden

BWK
Enclosure
cc: Client, *via email*

FILED
JUN 13 PM 3:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARRMD, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Benjamin Kadden
Name of Person

Lugenbuhl, Wheaton, Peck, et al.
Firm/Company

601 Poydras St., Suite 2775
Address

New Orleans, Louisiana 70130
City/State and Zip Code

bkadden@lawla.com
E-mail address: (to be used for future annual report notification)

2012 JUN 13 PM 3:56
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Benjamin Kadden at (504) 568-1990
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 & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ARRMD, 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.")

2. Delaware 3. 45-5200235
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/27/2012 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 6560 West Rogers Circle, Suite 15, Boca Raton, FL 33487
(Street Address of Principal Office)

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JUN 13 PM 3:55
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

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:

Troy D. Ross, 6560 West Rogers Circle, Suite 15, Boca Raton, FL 33487

Elizabeth H. DePass, 6560 West Rogers Circle, Suite 15, Boca Raton, FL 33487

W. Keith DePass, IV, 6560 West Rogers Circle, Suite 15, Boca Raton, FL 33487

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: Consulting Services


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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Benjamin W. Kadden, Authorized Representative

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:

ARRMD, LLC

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:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301
City/State/Zip

2012 JUN 13 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Corporation Service Company

By: 

(Signature)

Krista Swenson, 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

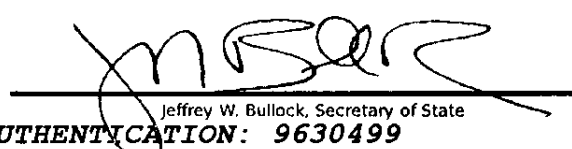
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARRMD, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JUNE, A.D. 2012.



5146232 8300

120677716

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9630499

DATE: 06-08-12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARRMD, LLC

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Benjamin Kadden

Name of Person

Lugenbuhl, Wheaton, Peck, et al.

Firm/Company

601 Poydras St., Suite 2775

Address

New Orleans, Louisiana 70130

City/State and Zip Code

bkadden@lawla.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JUN 13 PM 3:36

FILED

For further information concerning this matter, please call:

Benjamin Kadden

Name of Person

at (504) 568-1990

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

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(See sections 608.501 & 608.502 F.S. to determine penalty liability)

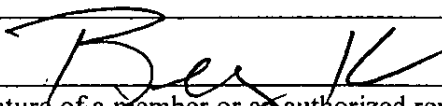
7. 6560 West Rogers Circle, Suite 15, Boca Raton, FL 33487
(Street Address of Principal Office)

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Elizabeth H. DePass, 6560 West Rogers Circle, Suite 15, Boca Raton, FL 33487
W. Keith DePass, IV, 6560 West Rogers Circle, Suite 15, Boca Raton, FL 33487

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Signature of a member or an authorized representative of a member.

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Benjamin W. Kadden, Authorized Representative

Typed or printed name of signee

2012 JUN 13 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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Corporation Service Company
(Name)

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Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee FL 32301
City/State/Zip

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Corporation Service Company

By:  Krista Swenson, Assistant Secretary
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PAGE 1

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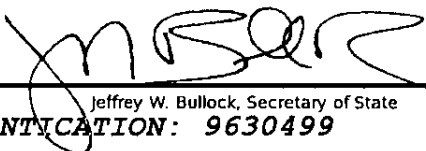
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AUTHENTICATION: 9630499

DATE: 06-08-12