

# M98000000311

March 30, 1998

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

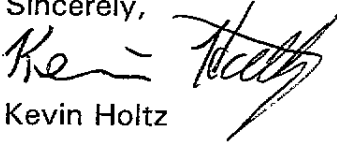
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-03/31/98--01079--001  
\*\*\*\*293.75 \*\*\*\*293.75

Dear Sir or Madam:

Enclosed you will find Holtz Enterprises, LLC application, an Indiana certificate of existence, and a check on Holtz Enterprises behalf for \$293.75. This amount represents the fees for filing, Registration of Agent and a certificate of Status. If you have any questions, I can be reached at 407/855-8520.

FILED  
98 MAR 31 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sincerely,

  
Kevin Holtz

M98-311

Name	<i>JKL</i>
Availability	<i>JKL</i>
Document Examiner	<i>JKL</i>
Updater	<i>JKL</i>
Updater Verifier	<i>JKL</i>
Acknowledgment	<i>JKL</i>
W. P. Verifier	<i>JKL</i>

**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. Holtz Enterprises, LLC  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Indiana  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 35-1816344  
(FEI number, if applicable)
4. December 13, 1993  
(Date of Organization)
5. Perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Have not yet conducted transactions in Florida - will begin on April 15  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 11114 Satellite Blvd  
Orlando, FL 32837  
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR]who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Kevin Holtz</u>	<u>Member</u>	_____	_____
<del>9209 Kromwell</del>		_____	_____
<del>Orlando, FL 32837</del>		_____	_____
<u>11114 Satellite Blvd.</u>		_____	_____
<u>Orlando, FL 32837</u>		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

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 SECRETARY OF STATE  
 FLORIDA

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of \_\_\_\_\_  
Holtz Enterprises, LLC certifies:

1) the above named limited liability company has at least two members;

2) the total amount of cash contributed by the member(s) is

\$ <sup>19</sup>~~20~~,000;

3) if any, the agreed value of property other than cash contributed by member(s) is  
(A description of the property is attached and made a part hereto.)  
and

\$ -0-;

4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is  
(This total includes amounts from 2 and 3 above.)

\$ 19,000.

*Kevin Holtz*

\_\_\_\_\_  
**Signature of a member or an authorized representative of a member**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

Kevin Holtz

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$250.00 for Application and Affidavit**

**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:

Holtz Enterprises, LLC

2. The name and the Florida street address of the registered agent and office are:

Kevin Holtz

(Name)

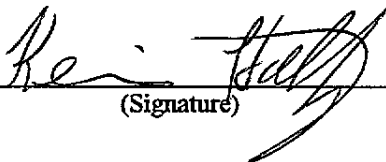
1114 Satellite Blvd.

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Orlando, FL 32837

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.*



(Signature)

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98 MAR 31 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$ 35 for Designation of Registered Agent**

STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the limited liability company records and the proper official to execute this certificate.

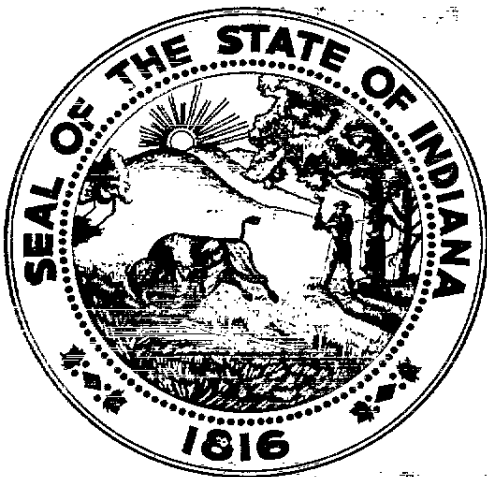
I further certify that records of this office disclose that

**HOLTZ ENTERPRISES, LLC**

filed Articles of Organization effective December 13, 1993, and is a limited liability company duly organized and existing under the laws of the State of Indiana.

I further certify this limited liability company has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twentieth day of March, 1998.



Sue Anne Gilroy  
SUE ANNE GILROY, Secretary of State

  
Deputy