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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ALITE INVESTMENT LLC

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MAR 18 2009

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March 17, 2009

FLORIDA DEPARTMENT OF STATE

EXPRESS CORORATE FILING SERVICE INC.

SUBJECT: ALITE INVESTMENT LLC

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 16, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H09000060624 Letter Number: 709A00008978

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P.O BOX 6327 - Tallahassee, Florida 32314

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	ZATION FOR FL	ORIDA LIMITED LIABIL	ITY COMPANY	
ARTICLE I - Name:				
The name of the Limited I	Jiability Company is:			
ALITE INVESTMEN	NT LLC			
(Must and wit	is the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and st	reet address of the pr	incipal office of the Limited Lis	ibility Company is:	
Principal Office Address	<u> </u>	Mailing Address:		
921 8W 27TH AVENUE SUITE 2	≀A.	921 SW 27TH AVENUE SUITE 2A		
MIAMI, FL 33135		MIAMI, FL 33135		
ARTICLE III - Registere (The Limited Liability Company on business entity with an active Flor	annot serve as its own Regista	Office, & Registered Agent's ored Agent. You must designate on Individual	Signature: lval or another	
The name and the Florida	street address of the re	egistered agent are:	SEC SEC	> >
MAR	THA ANGELINI		ORE) AHA	
	Name		TARY PASSES	-
921 9	SW 27TH AVEN	IUE SUITE 2A	D.1	- 1
	Florida streat add	ress (P.O. BOX NOT acceptable)	ع⊆ ۱۱ المد	
MAIM	4i	p). 35134	8: 4	
	City, State, a		ATE ATE	
		accept service of process for the a his certificate, I hereby accept the	thove stated limited	

(CONTINUED)
Page 1 of 2

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, F.S.

(((H09000060624)))

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:	
MGRM	MARTHA ANGELINI	
	921 SW 27TH AVENUE SUITE 2A	
	MIAMI, FL 33135	n (
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(Use attachment if necessary)		
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