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(((H11000266063 3)))



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Account Number : 120000000019 Phone : (305) 552-5973 Fax Number : (305)220-1440

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FLORIDA LIMITED LIABILITY CO. CONRIC, LLC

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: CONRIC, LLC REF: W11000056971

November 9, 2011

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.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6067.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H11000266063 Letter Number: 511A00025411

H11000266063

ARTICLE I - Name: The name of the Limited Liability Co.	mpany is:
Con	Ric LLC
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street addres Principal Office Address:	s of the principal office of the Limited Liability Company is: Mailing Address:
1087C SUMMIT TRAIL CIRCLE WEST FALM BEACH, FL 33415	WEST PALM BEACH FL 33415
ARTICLE III - Registered Agent, F (The Limited Liability Company cannot serve as i business entity with an active Florida registration	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another in.)
The name and the Florida street addre	ess of the registered agent are:

Name

1087C SUMMIT THAIL CIRCLE

Florida street address (P.O. Box NOT acceptable)

WEST HAIM BEACH FL 33415

City, State, and 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, F.S...

Registered Agent's Signature (REQUIRED

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, 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.)

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