

TRANSNATL ENTER
11020000441

TO: Registration Section
Division of Corporations

SUBJECT: AZZ-VENTURES LLC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign LLC", for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation
to transact business in Florida.

Please return all correspondence concerning this matter to the following:

EDWARD AZZOPARDI
(Name of Person) **200005662042--8**
-05/31/02--01021--017

AZZ-VENTURES LLC
(Firm/Company) ******125.00 ****125.00**

14683 BRADDOCK OAK DR.
(Address)

ORLANDO, FL. 32837
(City/State and Zip code)

For further information concerning this matter, please call:

ED AZZOPARDI at (407) 854-4190
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
02 MAY 31 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL

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

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

Enclosed is a check for the following amount: ~~\$130.00~~

\$125 filing fee and designation of registered agent.

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. AZZ-VENTURES LLC
(Name of foreign limited liability company)
2. DELEWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 27-0011604
(FEI number, if applicable)
4. MAY 6TH, 2002
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 14683 BRADDOCK OAK DR., ORLANDO, FL. 32837
(Street address of principal office)

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:

EDWARD AZZOPARDI; 14683 BRADDOCK OAK DR., ORLANDO, FL. 32837
EDITH AZZOPARDI; 14683 BRADDOCK OAK DR., ORLANDO, FL. 32837

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: _____

COMMUNITY NEWSPAPER

Edward Azzopardi
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.)

EDWARD AZZOPARDI
Typed or printed name of signee

FILED
02 MAY 31 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

AZZ-VENTURES LLC

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

EDWARD AZZOPARDI
(Name)

14683 BRADDOCK OAK DR.

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

ORLANDO FL 32837
(City/State/Zip)

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SECTION OF STATE
TALLAHASSEE, FLORIDA

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.

Edward Azzopardi
(Signature)

\$ 100.00

Filing Fee for Application

\$ 25.00

Designation of Registered Agent

\$ 30.00

Certified Copy (optional)

\$ 5.00

Certificate of Status (optional)

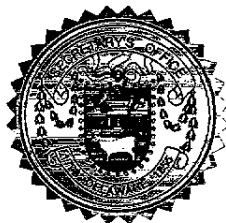
Delaware

The First State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AZZ-VENTURES, 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 TWENTY-SECOND DAY OF MAY, A.D. 2002.

FILED
02 MAY 31 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3522233 8300

AUTHENTICATION: 1791888

020326807

DATE: 05-22-02