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TO: Registration Section Division of Corporations

SUBJECT: Teal Flamingo LLC

100006822361--8 -07/31/02--01070--003 ****180.00 ****160.00

Dear Sir or Madam:

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 corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cynthia Olson Teal Flamingo LLC 110 North Champions Way - #513 Saint Augustine, FL 32092 02 JUL OF MM 9: 37
SECREDARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call: Cynthia Olson at 904-940-4488

Enclosed is a check for \$160.00 Filing fee, Designation of Registered Agent, Certified Copy and Certificate of Status.

1002-2001 COC

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

IN LIM	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN
	TEAL FLAMINGO LLC	
	(Name of foreign limited liability company)	:
2	STATE OF DELAWARE [Jurisdiction under the law of which foreign limited liability company is organized] 3. 26-0035186 (FEI number, if applicable)	_
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	MARCH 22, 2001 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	
	MARCH 22, 2001 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	NONE VET	
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7.	110 NORTH CHAMPIONS WAY - UNIT # 513	
	SAINT Augustine, FL 32092 STORY (Street address of principal office)	-
	(Street address of principal office)	
S	If limited liability company is a manager-managed company, check here	<u> 77</u> .
Ο.	Trimmed habitity company is a manager-managed company, check here	ÁLED
9.		
	The name and usual business addresses of the managing members or managers are as follows: CYNTHIA OLSON DAVID SCHAFFORT	
	CYNTHIA OLSON DAVID SCHAFFEICK ST. 3	
	110 NORTH CHAMPIONS WAY - #513 110 NORTH CHAMPIONS WAY -	#51
	SAINT AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 320	
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	rds i n
	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: pick up and deliver	4)
_	of dry cleaning	,
	Contlin Olson	
	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.)	
	Typed or printed name of signee	
	and the man the formation of property of the state of the	

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:			
TEAL FLAMINGO LLC			
2. The name and the Florida street address of the registered agent and office are:	ZHS SHS	@ J	
CYNTHIA OLSON (Name)	AHASSEI	12 JUL 31	<u> </u>
110 NORTH Champions Way - # 513 Florida street address (P.O. Box NOT ACCEPTABLE)	OF STATE	9:37	_
SAINT Augustine, FL 32092 (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 as provided for in Chapter 608, F.S.

Cyntlia Olson
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered A

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEAL FLAMINGO, L.L.C." 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-FOURTH DAY OF JULY, A.D. 2002.



Warriet Smith Windson Secretary of State

3372830 8300

020472533

AUTHENTICATION: 1900502

DATE: 07-24-02