

MO2000002616



3020 NE 32<sup>nd</sup> Ave, #1418  
Ft. Lauderdale, FL, 33308  
Tel: (312) 493 0419  
Fax: (954) 252 2523

Saturday, September 28, 2002

200008150412--6  
-10/02/02--01025--003  
\*\*\*\*125.00 \*\*\*\*125.00

Division of Corporations  
P.O.Box 6327  
Tallahassee, FL, 32314

Re: Foreign LLC application to transact business in Florida

To Whom It May Concern:

Please find enclosed application for Caerian LLC to conduct business in Florida. Enclosed are:

One check \$125 made payable to Florida Department of State  
Application to transact business in Florida  
Designation of registered office/agent, and  
Certificate of existence

FILED  
02 OCT -2 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Please return the filing document to the address shown above, for my attention.

If you have any questions, please contact me at (954) 554 5960.

Name	Yours truly,
Document Number	<i>Simon Wheatley</i>
Signature	Simon Wheatley
Notarizer	
Verifier	
Acknowledgement	DCC
W. P. Verifier	DCC

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**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. CAERIAN LLC  
(Name of foreign limited liability company)
2. ILLINOIS  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 36-4470132 TAX ID.  
(FEI number, if applicable)
4. SEPT 24<sup>th</sup> 2001  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. AUG 1<sup>st</sup> 2002  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 3020 NE 32<sup>nd</sup> AVE #1418  
FORT LAUDERDALE FL 33308  
(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:

SIMON WHEATLEY  
3020 NE 32<sup>nd</sup> AVE #1418  
FORT LAUDERDALE FL 33308

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: \_\_\_\_\_

TRAINING, PROFESSIONAL TECHNICAL CONSULTING, WEB DEVELOPMENT

Simon Wheatley  
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.)

SIMON CHARLES WHEATLEY  
Typed or printed name of signee

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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:

CAERIAN, LLC

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

SIMON WHEATLEY

(Name)

3020 NE 32<sup>nd</sup> AVE #1418

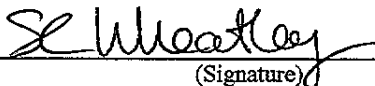
Florida street address (P.O. Box **NOT** ACCEPTABLE)

FORT LAUDERDALE FL 33308

(City/State/Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

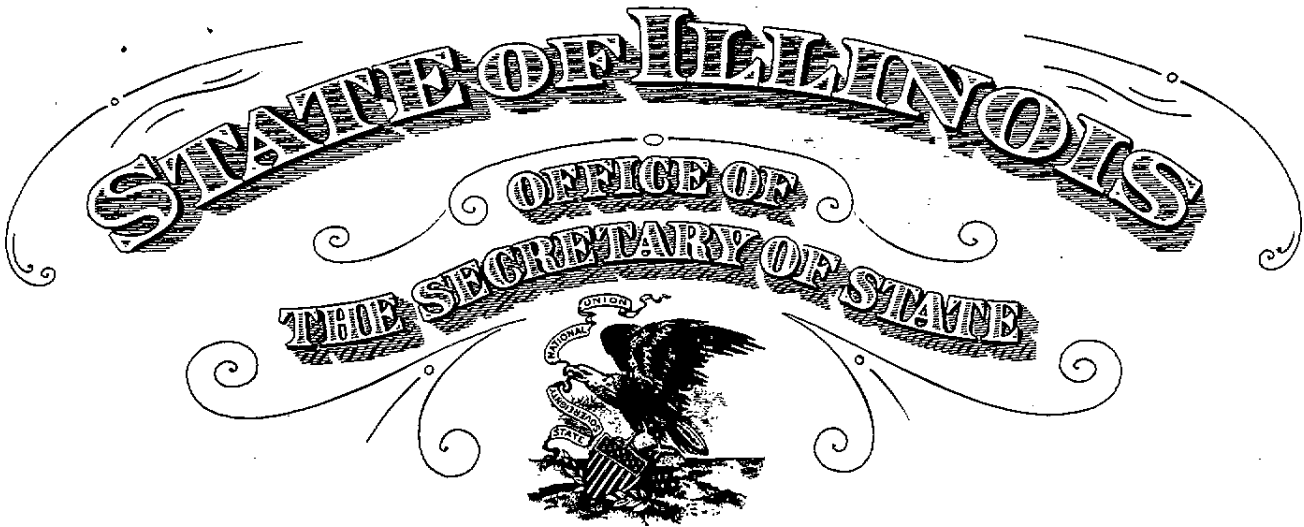
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

File Number 0060652-9



To all to whom these Presents Shall Come, **Greeting:**

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CAERIAN, LLC,  
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 24, 2001,  
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED  
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING  
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT  
BUSINESS IN THE STATE OF ILLINOIS.

FILED  
02 OCT -2 AM 10 58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**In Testimony Whereof**, I, hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 25TH  
day of SEPTEMBER A.D. 2002.

*Jesse White*

SECRETARY OF STATE