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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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11/22/02--01069--024 **37.50

11/07/02--01076--002 **87.5D

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FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

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SEUTE LANG UI STATE
TALLAHASSEE, FLORIDA

November 21, 2002

LAWRENCE T. PENNA 398 WEST CAMINO GARDENS BLVD., SUITE 110 BOCA RATON, FL 33432

SUBJECT: THE DIVERSIFIED FUND HOLDINGS, LLC

Ref. Number: W02000033266

We have received your document for THE DIVERSIFIED FUND HOLDINGS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$87.50 payment.

It seems that you have a LIMITED LIABILITY COMPANY. But the form you have used is only used by CORPORATIONS.

Please complete, sign and return the enclosed APPLICATION for a FOREIGN LIMITED LIABILITY COMPANY.

Please note that in addition to your application, you must submit a CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING from the Nevada Secretary of State's office. This certificate must be dated within the past 90 days. Please note that you now do NOT have to submit an original copy of this certificate. We will accept a FAXED or PHOTOCOPIED certificate.

ALSO, please note that the total amount required to file a limited liability company and to obtain a certificate of status and a certified copy is \$160.00.

As stated, we are RETAINING your \$87.50 payment. So please return an ADDITIONAL \$72.50 with your application and your certificate.

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) 245-6914.

Buck Kohr Corporate Specialist

Letter Number: 802A00063055

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: THE DIVERSIFIED FUND HOLDINGS	SILC
SUBJECT: JHE DIVERSIFIED FUND HOLDINGS (Name of corporation - must include)	suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to "Certificate of Existence", and check are submitted to register the above to transact business in Florida.	
Please return all correspondence concerning this matter to the following	:
LAWRENCE T. PENNA (Name of Person)	
· · · · · ·	
(Firm/Company) 398 (ANTINO GARDALS BLVD, STE 1 (Address) BORG BATON F 33432	10
(Address)	
BOCA BATON FL 33432 (City/State and Zip code)	
(City/State and Zip code)	
For further information concerning this matter, please call:	
LAWRENCE T. FENNA at (561) 447-44.	64
(Name of Person) at (561) 447-44. (Area Code & Daytime	Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING AD Registration Section Section Or Corporations Division of Corporations Tallahassee, FL 32399 Tallahassee, FL 32399	ction rporations
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee Certificate of Status ☐ Certified Copy	

TRANSACT BUSINESS IN FLORIDA 02 NOVO 7 PM 2: 41
02 NUVO A STATE
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. THE DIVERSIFIED FUND HOLDINGS LLC (Name of foreign limited lightly company)
2. Vevapa (Jurisdiction under the law of which foreign limited liability company is organized) 3. H-1844717 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited hability (FEI number, if applicable) company is organized)
2/19/22 2040000
(Date of Organization) (Duration: Year limited liability company will cease to
4. 8/9/02 5. 30 40 5 (Date of Organization) [Date of Organization] [Date of Organization] [Duration: Var limited liability company will cease to exist or "perpetual")
6. UPON GUALIFICATION (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7
200 . 0
398 W. Camino Gardens Boulevare Suite 110 BOCA RATON FLA. (Street address of principal office) 33432
(Street address of principal office) 33432
8. If limited liability company is a manager-managed company, check here 🗹
O. The name and usual business addresses of the managine manhors on managens are as follows:
9. The name and usual business addresses of the managing members or managers are as follows:
Lawrence T. Penna
2001.00
398 W. Camino Garvens Boulevare
SULTALIA
BOCA RATON FLORIDA 33432
DOCA KATON FLORIDA 33432
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
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: <u>INVESTMENT</u>
11. Nature of business of purposes to be conducted of promoted in Florida.
CLUB /
1 7 to MP
* July 1
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.)
Lawrence T. Penna
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

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SEUNE LAILL UF STAT'
TALLAHASSEE, FLORI

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.

2	The name and the Florida street address of the registered agent and office are:
٠.	The hand and the Frontia street address of the registered agent and office are.
	Lawrence T. Penna
	(Name)
	398 W. Camino Garoens BLVD SUITE 110
	Florida street address (P.O. Box NOT ACCEPTABLE)
	BOCA RATON FL 33432
	(City/State/Zip)

BIVERSIFIED FUND HOLDINGS, LLC

1. The name of the Limited Liability Company is:

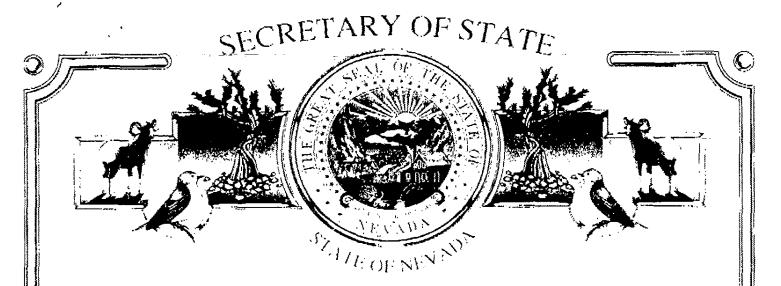
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the objections of my position as registered agent as provided for in Chapter 608, F.S.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

t DEAN HELLIEF, the duly elected and qualified Nevada Secretary of State, do nereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles. Iimited-liability companies, limited partnerships, limited liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, THE DIVERSIFIED FUND HOLDINGS, LLC, as a limited-bability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 19, 2002, and is in good standing in this state.



IN WITNESS WHI RLOI , I have noreunto set my hand and alloked the Great Scal of State, at my office, in Carson City, Nevada, on November 10, 2007.

OFAN HELLER Secretary of State

By a granter Coffiners

Certification Clerk