# 71103000000049

(Re	equestor's Name)	<del></del>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		}
		<b>f</b>
		ļ

Office Use Only



200009691452

0)/03/03--01057--008 \*\*130.00

3 JNN -3 FH 12: 40

AL

#### Charitable Entity Administration, LLC

1900 South Ocean Blvd 11H

Lauderdale by the Sea, FL 33062

Main Office 32 Broadview Dr. Barrington, RI 02806

December 30, 2002

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madame:

Please find enclosed:

- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Designation of Registered Agent/Registered Office
- Original Certificate of Organization, with attachments, issued by State of Rhode Island November 6, 2002
- Check payable to the Florida Department of State in the amount of \$130.00

In addition to the letter of acknowledgement, please return a Certificate of Status.

Very truly yours.

Jeffrey C. Zysik

Member

enclosures

cc: Jay Steenhuysen (w/o encls.)

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Charitable Entity Administration, LLC
••	(Name of foreign limited liability company)
2.	State of Rhode Island 3, _57-1138943
	(Jurisdiction under the law of which foreign limited liability company is organized)  3. 57-1138943  (FEI number, if applicable)
4.	November 6, 2002 5 Perpetual
	(Date of Organization)  [Date of Organization]  [Duration: Year limited liability company will cease to exist or "perpetual"]
6.	January 1, 2003 <u>∑</u> 8,
٠.	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7.	32 Broadview Drive
	Barrington, RI 02806
	(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:
	Byron Jay Steenhuysen, 32 Broadview Drive, Barrington, RI 02806
	Jeffrey C. Zysik, 1900 S Ocean Blvd., #11H, Lauderdale by the Sea, FL 33062
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 eath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Consulting, bookkeeping
_	accounting, and tax return preparation for tax exempt entities
	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.)
	Jeffrey C. Zysik, Member
	Typed or printed name of signee

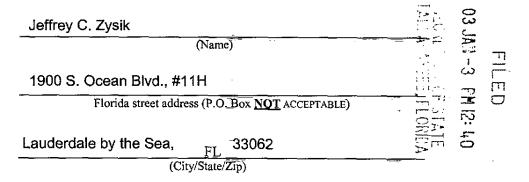
## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

4	CC1	C .1	T	T 1 1 111.	$\sim$	
	The name	of the	Limited	Liability	Company	10"
1.	A TIC THITIC	OI MYC	Littleca	T-IUCELLEY.	Company	13.

Charitable Entity Administration, LLC

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



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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Edward S. Inman, III, Secretary of State

## CERTIFICATE OF ORGANIZATION OF

#### Charitable Entity Administration, LLC

I, EDWARD S. INMAN, III, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that Articles of Organization for the formation of

#### Charitable Entity Administration, LLC

a limited liability company, duly executed pursuant to the provisions of Chapter 7-16 of the General Laws, 1956, as amended, have been received in this office and are found to conform to law. The affixed is a duplicate of the Articles of Organization.

WITNESS my hand and the seal of the State of Rhode Island and Providence Plantations this 6th day of November, 2002.

STATE STATE OF STATE

Secretary of State

By Cathyn I Villanio