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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

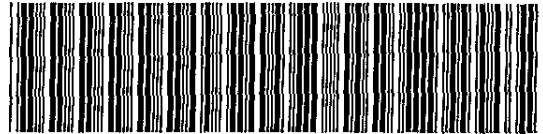
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03 JAN -9 AM 9:32  
TALLAHASSEE, FLORIDA

# Hampton Claire, LLC

407 WEKIVA SPRINGS ROAD, SUITE 245  
LONGWOOD, FLORIDA 32779  
TELEPHONE 407.786.3939  
TELECOPIER 407.786.3918

GRiffin TOWERS  
6 HUTTON CENTRE DRIVE, SUITE 1100  
SOUTH COAST METRO, CALIFORNIA 92707  
TELEPHONE 714.751.5970  
TELECOPIER 714.751.5971

REPLY TO: FLORIDA OFFICE

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## MEMORANDUM

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DATE: January 8, 2003  
TO: Florida Department of State  
FROM: Sherri Akus  
RE: Authorization for Van Cleave, LLC to transact business in Florida  
CC: File

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03 JAN -9 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Transmitted herewith is a completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and Certificate of Designation of Registered Agent/Registered Office, along with our filing fee in the amount of \$125.00.

Should you have any questions, please feel free to contact our office.

**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. VAN CLEAVE, LLC  
(Name of foreign limited liability company)
2. Nevada  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 59-3600204  
(FEI number, if applicable)
4. September 22, 1999  
(Date of Organization)
5. December 31, 2049  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon authorization  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 407 Wekiva Springs Road, Suite 245  
Longwood, Florida 32779  
(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:

Barry Fulco, as Trustee of The Hampton Ultra Trust dated March 27, 2001

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: Marketing

Barry Fulco  
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.)

Barry Fulco, Trustee-The Hampton Ultra Trust dated 3/27/01

Typed or printed name of signee

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03 JAN - 9 AM 9:32  
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:

Van Cleave, LLC

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

Barry Fulco

(Name)

407 Wekiva Springs Road, Suite 245

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

Longwood

FL 32779

(City/State/Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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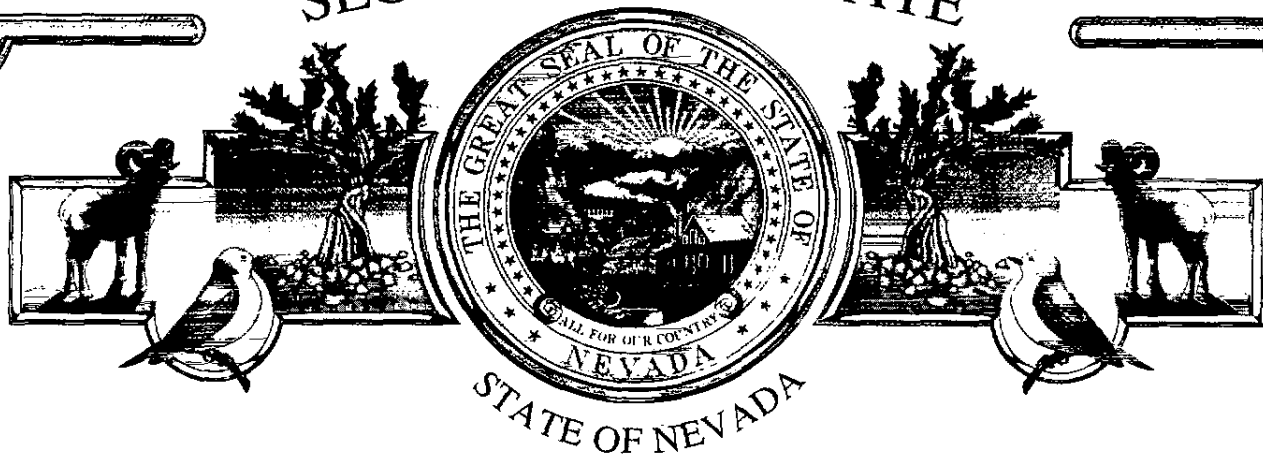
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all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

*Barry Fulco*

(Signature)

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

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-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, **VAN CLEAVE, LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since September 22, 1999, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed the Great Seal of State, at my office, in  
Carson City, Nevada, on October 11, 2002.



DEAN HELLER  
Secretary of State

By

Certification Clerk