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TALLAHASSEE, FLORIDA

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**CERTIFIED CIRCUIT MEDIATOR
***ALSO ADMITTED IN GEORGIA

April 28, 2003

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

Re: Black Strapp Design Group, LLC
Our file number: B00629-014186

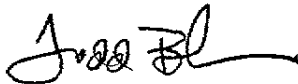
Dear Sir or Madam:

Enclosed please find our firm check in the amount of \$125.00 to cover the filing fee for application and designation of registered agent, along with the original signed Certificate of Designation of Registered Agent/Registered Office and Application By Foreign Limited Liability Company for Authorization to Transact Business in Florida for filing.

Please contact me or my Legal Assistant, Lisa Mollitor, if you have any questions.

Sincerely yours,

Burke, Blue & Hutchison, P. A.



M. Todd Burke, Esq.

MTB/lkm

Enclosures

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PANAMA CITY OFFICE: DOWNTOWN PANAMA CITY
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401-0044
TELEPHONE (850) 769-1414 FACSIMILE (850) 784-0837

PANAMA CITY BEACH OFFICE: BEACH FINANCIAL CENTRE
415 BECKRICH ROAD, SUITE 250
PANAMA CITY BEACH, FL 32407-3664
TELEPHONE (850) 236-4444 FACSIMILE (850) 236-1313

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03 MAY -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Black Strapp Design Group, LLC
(Name of foreign limited liability company)
2. Louisiana
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. October 6, 1998
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1940 Cambronne Street, New Orleans, LA 70118
(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:
Vickie Hutton Eckert, 1940 Cambronne Street, New Orleans, LA 70118
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: Catering

Todd Burke

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.)

M. Todd Burke. (authorized representative)

Typed or printed name of signee

FILED
MAY - 1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
70118

**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:

Black Strapp Design Group, LLC

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

M. Todd Burke, Esq.

(Name)

Burke, Blue & Hutchison, P. A.

215 Grand Boulevard

Suite 101

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

Destin

FL

32550

(City/State/Zip)

FILED
03 MAY -1 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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)

UNITED STATES OF AMERICA
State of Louisiana

Jox McKeithen

SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

BLACK STRAPP DESIGN GROUP, LLC

A LOUISIANA limited liability company domiciled at NEW ORLEANS,

Filed charter and qualified to do business in this State on October 06, 1998,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

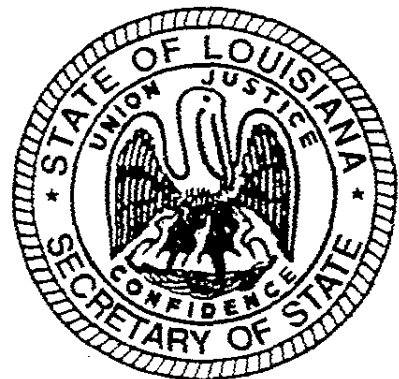
In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

April 21, 2003

Jox McKeithen

ABA 34692928K

Secretary of State



FILED
03 MAY 2003
STATE OF LOUISIANA
Baton Rouge