

M03000003033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

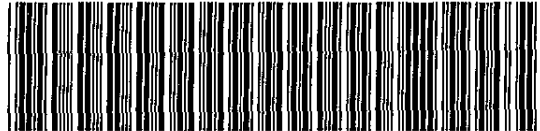
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 239222 156480A  
AUTHORIZATION : *Patricia Figueira*  
COST LIMIT : \$ 125.00

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STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : September 11, 2003

ORDER TIME : 10:33 AM

ORDER NO. : 239222-005

CUSTOMER NO: 156480A

CUSTOMER: Ms. Layla Tabor  
Roberts, Seward & Company  
Suite 202  
505 E. Jackson Street  
Tampa, FL 33602

FOREIGN FILINGS

NAME: MIA VENTURE CAPITAL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER: \_\_\_\_\_

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

IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. MEA VENTURE CAPITAL, LLC  
(Name of foreign limited liability company)

2. NEVADA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-0415358  
(FEI number, if applicable)

4. OCTOBER 2, 2000  
(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 608.301, 608.302, and 617.135, F.S.))

7. 1108 S. MOODY AVE.

TAMPA, FL 33609

(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:

PETER EMMANUEL 1108 S. MOODY AVE. TAMPA, FL 33609

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:

Consulting

Peter Emanuel  
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.)

PETER EMMANUEL

Typed or printed name of signer

**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.

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STATE  
OFFICE, FLORIDA

1. The name of the Limited Liability Company is:

MIA VENTURE CAPITAL, LLC

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

PETER EMMANUEL  
(Name)

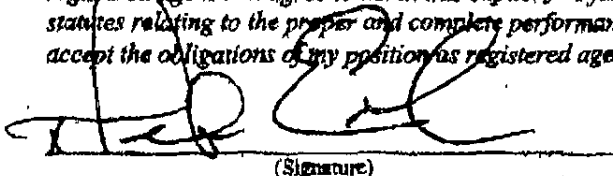
1108 S. MOODY AVE.

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

TAMPA FL 33629

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company as 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)

STATE OF NEVADA  
SECRETARY OF STATE

CERTIFICATE OF REINSTATEMENT

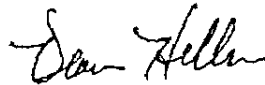
I, **DEAN HELLER**, the duly elected Secretary of State of the State of Nevada, do hereby certify that **MIA VENTURE CAPITAL, LLC** a limited liability company formed under the laws of the State of **NEVADA** having paid all filing fees, licenses, penalties and costs, in accordance with the provisions of Title 7 of the Nevada Revised Statutes as amended, for the years and in the amounts as follows:

2001/2002	List of managers/members + penalty	\$135.00
2002/2003	List of managers/members + penalty	\$135.00
2003/2004	List of managers/members	\$85.00

Reinstatement	\$200.00
total	\$555.00

and otherwise complied with the provisions of said section, the said limited liability company has been reinstated, and that by virtue of such reinstatement it is authorized to transact its business in the same manner as if the aforesaid filing fees, licenses, penalties and costs had been paid when due.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Carson City, Nevada, on **September 4, 2003**.



DEAN HELLER  
Secretary of State

By: 

Certification Clerk



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