

**M03000003085**

\_\_\_\_\_  
(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:

Office Use Only



400022066014

08/13/03--01060--013 \*\*125.00

M03-3085  
al



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 15, 2003

JONATHAN BURKE  
6413 ASTOR VILLAGE AVE #212  
ORLANDO, FL 32835

SUBJECT: CARDIO-DEFENSE LLC  
Ref. Number: W03000023287

We have received your document for CARDIO-DEFENSE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 303A00046534

FILED  
2003 AUG 15 10:30 AM  
TALLAHASSEE, FLORIDA

9/16/03

I have made the corrections and enclosed the correct document. I just received the document from the state of Delen.

If you have any questions, please contact me at 407-313-51.

Thank you for your time and consideration of this matter.

Sincerely,

*JB*  
Jonathan Burke

6413 Astor Village Ave #212  
Orlando, FL 32835

6413 ASTOR VILLAGE AVE  
ORLANDO, FL 32835

FILED

Jonathan Burke  
6413 Astor Village Ave #212  
Orlando, Florida 32835

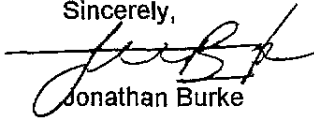
Florida Department of State  
Registration Section  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I have enclosed all the necessary documents to incorporate in the State of Florida along with the necessary payment. If you have any questions, please contact me at 407-313-5184.

Thank you for your time and consideration of this matter.

Sincerely,

  
Jonathan Burke

FILED

**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. Cardio-Defense LLC  
(Name of foreign limited liability company)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. \_\_\_\_\_  
(FEI number, if applicable)
4. 5/19/03  
(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. 6413 Astor Village Avenue, #212  
Orlando, Florida 32835  
(Street address of principal office)

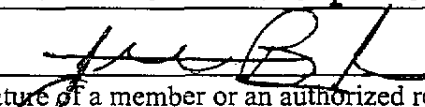
8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Jonathan Burke  
6413 Astor Village Avenue, #212  
Orlando, Florida 32835

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: development and  
marketing of a self-defense concept for women.

  
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.)

Jonathan Burke

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.

1. The name of the Limited Liability Company is:

Cardio-Defense LLC

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

Jonathan Burke

(Name)

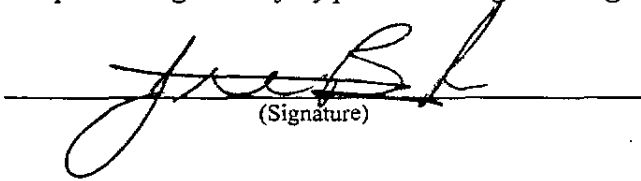
6413 Astor Village Avenue, #212

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

Orlando, FL 32835

(City/State/Zip)

*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)

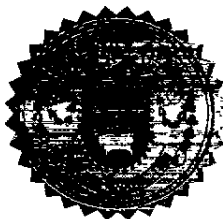
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

*The First State*

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDIO-DEFENSE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF SEPTEMBER, A.D. 2003.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3659995 8300

AUTHENTICATION: 2619132

000550015

DATE: 02-06-03