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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

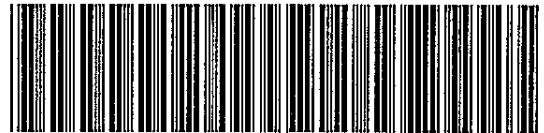
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2003 OCT 24 AM 8:42  
ALABAMA SECRETARY OF REVENUE  
MONTGOMERY, ALABAMA

J. BRYAN OCT 29 2003

**@Ilmarin LLC**  
**1975 East Sunrise Blvd Suite 523**  
**Fort Lauderdale, FL 33304**  
**Voice: 954-759-4544**  
**Mobile: 954-650-5302**  
**FAX: 954-759-4545**

October 21, 2003

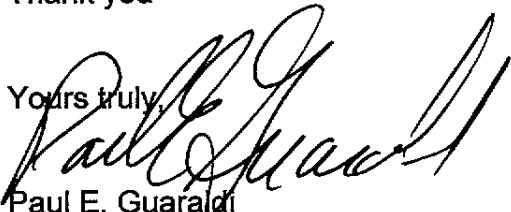
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir:

Please process the enclosed application from @Ilmarin LLC for registration as a foreign LLC doing business in Florida. I have enclosed both the application and a check for \$160.00 to cover the cost of the registration and a certified copy of our registration and a certificate of status.

Thank you

Yours truly,

  
Paul E. Guaraldi  
Vice President  
@Ilmarin, LLC

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2003 OCT 24 AM 8:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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. @llmarin, LLC  
(Name of foreign limited liability company)
2. New Hampshire  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 02-0515912  
(FEI number, if applicable)
4. March 23, 2000  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon approval  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. ste 523 1975 East Sunrise Blvd  
Fort Lauderdale, FI 33304  
(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:

Robert L. Guaraldi, President, 123 Nashua Rd PMB 294, Londonderry, NH 03053

Paul E. Guaraldi, Ste 523 1975 East Sunrise Blvd, Fort Lauderdale, FL 33304

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: all legal purposes

Paul E. Guaraldi, VP, Member  
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.)

Paul E. Guaraldi, Vice President and 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.

1. The name of the Limited Liability Company is:

@llmarin, LLC

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

Paul E. Guaraldi

(Name)

Ste 523 1975 East Sunrise Blvd

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

Fort Lauderdale

FL

33304

(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)

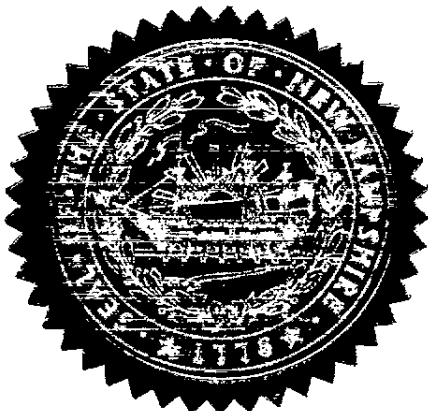
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2003 OCT 24 AM 8:42  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

State of New Hampshire  
Department of State

CERTIFICATE OF EXISTENCE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that @ILMARIN, LLC is a New Hampshire limited liability company formed on FEBRUARY 23, 2000. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that a certificate of cancellation has not been filed.

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2003 OCT 24 AM 8:42  
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 30<sup>th</sup> day of September, A.D. 2003

*William M. Gardner*

William M. Gardner  
Secretary of State