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| /Pa                     | questor's                             | Name)      |              |
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| PICK-UP                 | □ <b>v</b>                            | /AIT       | MAIL MAIL    |
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| Special Instructions to |                                       |            |              |
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| Updater                 | DCC                                   | Use Only   | ,            |
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| Acknowledge.nent        | DCC                                   |            |              |
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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 26, 2004

SHARON K. BOGHERT C/O THE INDEPENDENT ASSISTANT LLC 5160 HIDDEN SPRINGS AVENUE SARASOTA, FL 34234

SUBJECT: THE INDEPENDENT ASSISTANT, LLC

Ref. Number: W04000011996

We have received your document for THE INDEPENDENT ASSISTANT, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6913.

Letter Number: 304A00020058

Diane Cushing Document Specialist



March 18, 2004

INDEPENDENT ASSISTANT 5160 HIDDEN SPRINGS AVENUE SARASOTA, FL 34234

SUBJECT: THE INDEPENDENT ASSISTANT LLC

We have received your document for THE INDEPENDENT ASSISTANT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

Please advise.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 304A00018120

Diane Cushing Document Specialist

## 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. The Superior ASISHAUT LLC (Name of foreign limited liability company)   |                          |
|  |                          |
| 2. Juliana 3. 35-21218 (Jurisdiction under the law of which foreign limited liability (FEI number, if applic   | 792                      |
| company is organized)  |                          |
| 5/2/101 & G-0 Daly   | A.                       |
| 4. 3/21/01  (Date of Organization)  5. (Duration: Year limited liability corexist or "perpetual")  | npany will cease to      |
| exist or "perpetual")  |                          |
| 6  | 7 P. C                   |
|  |                          |
| 7. 5160 Hidden Springs HE  | Mue -                    |
|  | ₽                        |
| (Street address of principal office)   | SECK!                    |
| 8. If limited liability company is a manager-managed company, check here   | 5 A                      |
|  | <b>≺</b> ⊑               |
| 9. The name and usual business addresses of the managing members or managers are as  | s follows. 폭 그렇므         |
|  | •• ~                     |
|  |                          |
| 5160 Liddon Springs ANENU  | 5                        |
| SARASOLA FL 34234  |                          |
| DARA 301A + 1 39239  | <u> </u>                 |
| in the control of the |                          |
|  |                          |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official   |                          |
| the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is translation of the certificate under oath of the translator must be submitted.)   | in a foreign language, a |
| datistation of the extincate circle cautor are datistated in this de scientifice.  |                          |
| 11. Nature of business or purposes to be conducted or promoted in Florida:   | RETURNE                  |
| and Oderson Dunet  | • /                      |
| Cenel pagnel preparation   |                          |
| - Barrow K Begut   |                          |
| Signature of a member or an authorized representative of a memb  |                          |
| (In accordance with section 608.408(3), F.S., the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true.)  | S                        |
| Show K BOARENT   |                          |
| Typed or printed name of signee  | <del>_</del> =           |

### 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:                                   |                  |
|--|------------------|
| The Indapendent Assistant  | LLC              |
| 2. The name and the Florida street address of the registered agent and office are: |                  |
| ShARDA & BogAERT   | SECRET<br>O4 APR |
| 5/60 Hiclden Spangs Auf<br>Florida street address (P.O. Box NOT ACCEPTABLE)        | ARY OF START     |
| SARÁSOFA FL 34234 (City/State/Zip)   | Otis<br>VIII)    |

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.

\$ 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 INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### THE INDEPENDENT ASSISTANT, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on commence and was in existence or authorized to transact business in the State of Indiana on April 02, 2004.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of April, 2004.

TODD ROKITA, Secretary of State

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