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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247

: (305)674-3313

Fax Number

: (305)675-2811

REIGN LIMITED LIABILITY COMP

REGENOVATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Jun 18 04 04:41p

JUN-18-2004 14:12 FROM:E.COLEMAN Jun 18 04 03:54p AIA

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TO:913056752811 3056752811 P.3/4

p.2

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

IN COMPLIANCE WITH SECTION 606308, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISIER A POWEIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: REGENOVATION LLC (Name of foreign limited liability company) 2 ILLINOIS (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) PERPETUAL 4, 03/27/2003 (Duration: Year limited fability company will cease to exist or "perpenual") (Date of Organization) **UPON QUALIFICATION** (Date first transacted business in Fiorida, (See sections 508.501, 608.502, and \$17.155, P.S.) PALM COAST **1 HAMMOCK BEACH PKWY** 32137 FL (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: 1 HAMMOCK BEACH PKWY PALM COAST FL 32137 STEVEN GRIESSEL SE ₹ S 10. Attached is an original certificate of existence, no micre 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 confidente is in a foreign language, a translation of the certificate under outs of the translator must be scientified.) 11. Nature of business or purposes to be conducted or promoted in Florida: ANY LAWFULL PURPOSE Signature of a member or an authorized representative of a member. (In accordance with section 608.40843), F.S., the externion of this document constitutes an affirmation under the parallies of parity that the facts scaled herein are true.) STEPHEN GRIESSEL

Typed or printed name of signee

Jun 18 04 04:41p

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA 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 Co	inpany is:		
REGENOVA	TION LLC			
2. The name and	d the Florida street addre	ess of the registered agent and office are:		
	: 12	TEPHEN GRIESSEL		
		(Name)		*
	1 HAM	MOCK BEACH PKWY	9	
	Florida street:	address (P.O. Box NOT ACCEPTABLE)	ب ا	
	PALM COA		8 I NI	-
		(City/State/Zip)	2	111
liability company registered agent	ot the place designated: and agree to act in this b	in this certificate, I hereby accept the appointment as zzz apacity. I further agree to comply with the provisions of all	ය. 23	J
		te performance of my duties, and I am familiar with and 'egistered agent as provided for in Chapter 608, F.S.		

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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

REGENOVATION LLC,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 27, 2003,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 14TH day of

C-260.2