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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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07/21/04--01015--005 **125.00

MO4-2914

2524 s. osprey ave sarasota, florida 34239 941.364.9285 office 941.364.8385 fax www.frankmenke.com

July 12, 2004

Florida Dept. of Sate Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: Osprey Partners, LLC

Enclosed are the following documents:

- 1. Application by Foreign LLC for Authorization to Transact Business in Florida
- 2. Certificate of Designation of Registered Agent
- 3. Certificate of Existence with Status in Good Standing
- 4. Check for \$125 for filing Application and Designation of Registered Agent

Thank you for your cooperation in this matter.

Sincerely,

Éileen M. Burnjas

Encl.

ON JULIZI PAIZ: 33

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:

	ARTNERS, LL	(Name of forei	ign limited li	ability company)		
Nevada			2	75-315	9210	
(Jurisdiction u	inder the law of who company is or	ich foreign limited liabili ganized)	īy 3	75-3/5 (FEI number	, if applicable)	
6	5-28-04	•	5	PERP	ETUAL	
	(Date of Organiza	tion)	Du	ration: Year limited I	ETUAL ability company will cerpetual")	ease to
6	-28-04					
	(Date first transa	cted business in Florida. ((See sections	608.501, 608.502, at	id 817.155, F.S.)	
252	y OSPAL	Y AVENUE	Sour	TI, SARAS	OTA, FL 34	239-4
<i>'</i>			2.			
		(Street add)	ress of princi	nal office)		
			•	·		
If limited li	iability compan	y is a manager-manag	ged compar	ny, check here 🗌		. دون
The name a	and usual busin	ess addresses of the m	าลทลอย่าง ๆ	nembers or menoc	ers are as follows:	
_			mineling ii	iciniocis of indiag	Some as Tollows	1 12
FRAN	IK MENK	ETIT				* * * * * * * * * * * * * * * * * * * *
2524	OSPREY	AVENUE SO	4774		R)	
					- <u>71</u>	
SARA	4 SOTA, P	=L 34239 -	14434		Life Control of the C	<u>ි</u>
						1.4.5
						
. Attached is at	n original certificate	of existence, no more than	n 90 days old	duly authenticated by	the official having cust	ody of reco
		which it is organized. (Ap			ertificate is in a forcign	language, a
translation of	The certificate unde	r oath of the translator mus	st be submitte	d)		
. Nature of	business or our	poses to be conducted	d or promo	ted in Florida:		
	•	_	•			
0-	K ESTA	TE DEVELO	PAEN	7		
REA		en // . /	אנד או			
REA	X	trandline.				
REA	XZ	re of a member or an	authorized	I representative of	a member	
REA	Signatu (In accord	ire of a member or an lance with section 608,408(3	3), F.S., the ex	ecution of this documer	t constitutes	•
REA	Signatu (In accord	tre of a member or an lance with section 608.408(3 ation under the penalties of personal trees of the section o	 F.S., the ex perjury that th 	ecution of this documer e facts stated herein are	t constitutes	

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.

OSPREY PARTNERS, LLC	······································
2. The name and the Florida street address of the registered agent and office are:	
FRANK MENKE III	
(Name) 2524 OSPREY AVENUE SOUTH	TAKAS
Florida street address (P.O. Box NOT ACCEPTABLE)	fili_
SARASOTA FL 34239-4439	F SIAL: FLORICA
(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)

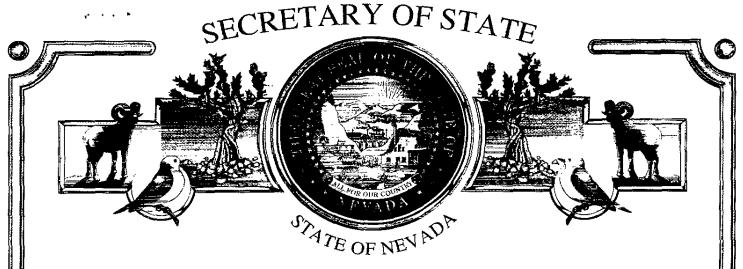
1. The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OSPREY PARTNERS**, **LLC** as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 28, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on July 14, 2004.

DEAN HELLER Secretary of State

Dean Helle

Certification Clerk

