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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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MOH-3017

C. Anderson, LLC

6196 Holly Street Mays Landing, NJ 08330 609-804-8285 candersonllc@comcast.net

July 26, 2004

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

Dear Sir or Madam:

We would like to register our company as a foreign limited liability company to transact business in Florida.

Enclosed are the required documents, along with a check in the amount of \$125.00 for payment of the filing fee of \$100.00 for the application, and \$25.00 for the Designation of Registered Agent.

Thank you for your time.

Weborah anderson

Sincerely,

Deborah Anderson

Secretary/Member

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

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOR TITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ŒŒ
1	C. ANDERSON LLC	
۰۰	(Name of foreign limited liability company)	
2 '	State of N.J. Dept. of Transity 3 30-0188297	
ੱ <u>ਹ</u>	C. ANDERSON LLC (Name of foreign limited liability company) Secretary, of State State of N.J. Dept. of Treasury 3. 30-0188397 (urisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4.	June 2, 2003 5. Lecember 31, 2029	
-	(Date of Organization) 5. Ceember 31, 2029 (Duration: Year limited liability company will cease to exist or "perpetual")	
6	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7	6196 Holly of	
	(Street address of principal office)	10
8.]	If limited liability company is a manager-managed company, check here 🗹	
	The name and usual business addresses of the managing members or managers are as follows:	
	Christopher D. Anderson, Sr.	
	· ·	, i
	6191 Helly St., Mays Landing, NJ 08830	Ü
10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec	
	the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, translation of the certificate under eath of the translator must be submitted.)	а
	Nature of business or purposes to be conducted or promoted in Florida: <u>Proverty Viewery a</u>	
	Securing and maintaining traperfies in filedictive for man	000
	Securing and maintaining traperties in electricities electron of this deciment constitutes. 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.	E5`
	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.)	
	Christopher D. Anderson, Sr., Managing member	
	Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

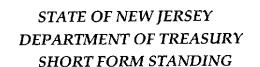
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	t the Limited Liability Company is:		
	C. Anderson, LLC		
2. The name a	nd the Florida street address of the registered agent and office are:		
	Severo Flores (Name)	<u>-</u> **	ı
	S518 Milano Prive Florida street address (P.O. Box NOT ACCEPTABLE)	_ ·	ч ч
	Orlando, FL 32310 (City/State/Zip)	-	
liability comparegistered agentstatutes relating	numed as registered agent and to accept service of process for the above my at the place designated in this certificate, I hereby accept the appoint and agree to act in this capacity. I further agree to comply with the pg to the proper and complete performance of my duties, and I am familigations of my position as registered agent as provided for in Chapter 66 (Signature)	tment as rovision iar with a	s of all

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



C. ANDERSON, L.L.C. 0600171309

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 2, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Christopher D. Andrson, Sr. 6196 Holly Street Mays Landing, NJ 08330

Continued on next page . . .

