M04000004324

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | ability Company) | |
|---|---|--|
| SUBJECT: Team in Focus, LLC | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
| (Name of Limited Li | ability Company) | |
| The enclosed "Application by Foreign Limited Liability of Florida," Certificate of Existence, and check are submitted liability company to transact business in Florida | Company for Authorization to Transact Business in d to register the above referenced foreign limited | |
| Please return all correspondence concerning this matter to | the following: | |
| Gayle L. Rice | | |
| (Name of I | Person) | |
| Rogers Towers, P.A. | | |
| (Firm/Company) | | |
| 1301 Riverplace Blvd., Suite 1500 (Addre | ss) | |
| Jacksonville, FL 32207 | | |
| (City/State and | Zip Code) | |
| For further information concerning this matter, please cal | ! : | |
| Gayle L. Rice | 904 346-5515 | |
| (Name of Person) (A | area Code & Daytime Telephone Number) | |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| 409 E. Gaines Street | P.O. Box 6327 | |
| Tallahassee, Florida 32399 | Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | |
| | 55.00 Filing Fee & \$\square\$ \$\$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy | |

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| I. Team in Foci | us, LLC |
|---|--|
| | (Name of Foreign Limited Liability Company) |
| 2. Delaware (Jurisdiction un company is org | nder the law of which foreign limited liability (FEI number, if applicable) |
| 4. 8/20/2004 | (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. <u>9/24/2004</u> | (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) |
| 7. 6851 Distribu | ution Ave. South |
| Jacksonville, | , FL 32256 (Street Address of Principal Office) |
| 8. If limited li | ability company is a manager-managed company, check here 🔽 |
| | nd usual business addresses of the managing members or managers are as follows: aw, 6851 Distribution Ave. South, Jacksonville, FL 32256 |
| Barry Joye, | 6851 Distribution Ave. South, Jacksonville, FL 32256 |
| James Fulfo | ord, 6851 Distribution Ave. South, Jacksonville, FL 32256 |
| the jurisdiction un translation of the c | original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records der the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a certificate under eath of the translator must be submitted.) business or purposes to be conducted or promoted in Florida: network marketing business |
| | |
| locustrig off C | 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.) Charles R. Curley, Jr. |
| | 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.

| e of the Limited Liability Co | ompany is: | |
|--|--|--|
| us, LLC | | The total of the t |
| and the Florida street address | ess of the registered agent and office | e arc: |
| Charles R. Curley, Jr. | | TOR T |
| | (Name) | - Only |
| 1301 Riverplace Blvd., Su | uite 1500 | サ び |
| Florida Street | Address (P.O. Box NOT ACCEPTABLE) | |
| Jacksonville | FL 32207 | <u> </u> |
| pany at the place designated ree to act in this capacity. I j e proper and complete perfoi | nd to accept service of process for the in this certificate, I hereby accept the further agree to comply with the prov rmance of my duties, and I am familio | appointment as registered visions of all statutes ar with and accept the |
| 3 | c and the Florida street address. Curley, Jr. Charles R. Curley, Jr. 1301 Riverplace Blvd., Si Florida Street Jacksonville named as registered agent a pany at the place designated aree to act in this capacity. I se proper and complete performance and complete performance and complete performance and complete performance. | c and the Florida street address of the registered agent and office. Charles R. Curley, Jr. (Name) 1301 Riverplace Blvd., Suite 1500 Florida Street Address (P.O. Box NOT ACCEPTABLE) |

\$ 100.00 Filing Fee for Application

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

\$ 25.00 Designation of Registered Agent

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEAM IN FOCUS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3376190

DATE: 09-27-04

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