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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		10/20
	Office Use Or	nly Met



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10/18/04--01032--014 **125.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OPD Marketing, LLC		
(Na	ame of Limited Liability Company)	
	Limited Liability Company for Authorization to Tra check are submitted to register the above referenced in Florida	
Please return all correspondence concer	rning this matter to the following:	
Alex M. Ho	ochberger	
	(Name of Person)	TACE OF
Feratech, Inc.		>
	(Firm/Company)	8 - SE
123 Newbury Street		1: 00 1: 00
	(Address))0
Boston, MA 02116		P
	(City/State and Zip Code)	-
	•	
For further information concerning this	matter, please call:	
Alex M. Hochberger	at (617) 517-9343	
(Name of Person)		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 an	mount:	
☑ \$125.00 Filing Fee ☐ \$130.00 F		g Fee, Certificate atus & Certified Copy

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.	OPD Marketing, LLC (Name of Foreign Limited Liability Company)	_				
_						
۷.	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 54-2062996 (FEI number, if applicable)	-				
4.	July 11, 2002 5. perpetual					
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	_				
6.	. <u>NA</u>					
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)						
7.	2400 Cypress Road Suite 200					
2400 Cimrens Bond Suite 000 Fort Loudoutole Fl. 20000						
	2400 Cypress Road Suite 200, Fort Lauderdale, FL 33309 (Street Address of Principal Office)	CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICAL CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICAL CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CHRONICA CH				
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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:						
Alex M. Hochberger, 93 Colborne Road, Brighton, MA 02135						
	Kevin Doyle, 2655 NW 114th Ave., Coral Springs, FL 33065	_				
thy). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptive in a foreign language, a unstation of the certificate under oath of the translator must be submitted.)	- xords in				
1 1	1. Nature of business or purposes to be conducted or promoted in Florida: Internet Marketing	-				
	Signature of a member of 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.) Alex M. Hochberger					

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 the Limited Liabil	lity Company is:		
OPD Marketin	g, LLC			
2. The name	and the Florida street	t address of the registered agent and office are:		
	Barrett S. Lazarus,	Esq.		
		(Name)		
	7162 Nob Hill Rd.			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tamarac,	FL 33321		
		City/State/Zip	ZE G	
liability comp	any at the place design	gent and to accept service of process for the above state mated in this certificate, I hereby accept the appointment	t as registered	
relating to the	e proper and complete	city. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and a red agent as provided for in Chapter 608, Florida Statu	ccept the	
X	(Signature)	10/14/07	T*	

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OPD MARKETING, 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 SIXTH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3395651

DATE: 10-06-04

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