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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

(Name of Limited Liability Company)	
The enclosed "Application by Foreign Limited Liability Company for Authorization Florida," Certificate of Existence, and check are submitted to register the above reliability company to transact business in Florida	
Please return all correspondence concerning this matter to the following:	
JOSEPH RUGG, ESQ.	
(Name of Person)	
AKERMAN SENTERFITT	
(Firm/Company)	
P.O. BOX 3273	ZIDOS FR
(Address)	ARY LI
	EF P
TAMPA, FLORIDA 33601-3273 (City/State and Zip Code)	- S
	STATE A 16
For further information concerning this matter, please call:	
JOSEPH RUGG at (813) 223-7333	-
(Name of Person) (Area Code & Daytime Tel	ephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32399	ns
Enclosed is a check for the following amount:	
	0.00 Filing Fee, Certificate of Status & 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	GARI INVESTMENTS, LLC (Name of Foreign Limited Liability Company)							
2	NEVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 88-0446453 (FEI number, if applicable)							
4	10/6/99 (CONVERSION TO LLC DATE 5/26/04) (Date of Organization) 5 PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")	7 <u>4.4-</u>						
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)							
7.	1603 RENAISSANCE WAY, TAMPA, FLORIDA 33602							
	(Street Address of Principal Office)	,						
8	. If limited liability company is a manager-managed company, check here	<u> </u>						
9.	9. The name and usual business addresses of the managing members or managers are as follows:							
	RODOLFO GARI, JR., 4726 NORTH HABANA AVENUE, SUITE 104, TAMPA, FLORIDA 33614	2 · √€						
	and the second s							
th	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.) 	rds in						
1	1. Nature of business or purposes to be conducted or promoted in Florida: Transacting all lawful	.,						
	activities and businesses that may be conducted by a limited liability company under the laws of Florida.	. 2						
	Signature of a member or an authorized representative of a member.	_ 4						
	(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.)							

Typed or printed name of signee

RODOLFO GARI, JR.

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.

I. Ine nan	ne of the Limited Liability	Company is:	
GARI INVE	STMENTS, LLC	in a supplier of the second	<u> </u>
2. The nam	ne and the Florida street add	dress of the registered agent and office	are:
	JOSEPH RUGG		<u> </u>
		(Name)	
	100 SOUTH ASHLEY D	DRIVE, SUITE 1500	TAS 2
	Florida Stre	et Address (P.O. Box <u>NOT</u> ACCEPTABLE)	ZUOS FEB SECRETA
	TAMPA,	FL 33602	A&VA
		City/State/Zip	S T S
liability cor agent and a relating to t	npany at the place designate agree to act in this capacity. the proper and complete perj	and to accept service of process for the ad in this certificate, I hereby accept the a I further agree to comply with the proving formance of my duties, and I am familian agent as provided for in Chapter 608, F	appointment as registered sions of all statutes with and accept the
	(Signature) - C		

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

Designation of Registered Agent

Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



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 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, **GARI INVESTMENTS**, **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 **May 26, 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 on February 10, 2005.

quelene ursi

DEAN HELLER

Secretary of State

Certification Clerk