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TRANSMITTAL LETTER

	Registration Section Division of Corporations		
SUBJE	CT: ASRM, LLC		
		mited Liability Company)	
Florida		Liability Company for Authorization to Translation to Translation to register the above referenced	
Please 1	return all correspondence concerning this	matter to the following:	
	Mark Wegfahrt		
	4)	Name of Person)	
	ASRM, LLC		
	(E	Firm/Company)	
	5089 S. Lenola Road ; Suite 2		
		(Address)	-
	Moorestown, NJ 08057		
	(City/	State and Zip Code)	
For furt	her information concerning this matter, p	please call:	
	Mark Wegfahrt	at (856) 234-5050 x223	
,	(Name of Person)	(Area Code & Daytime Telephone	Number)
	STREET ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	22 22 23 24
	Division of Corporations	Division of Corporations	2005 FEB SEGRETA
	409 E. Gaines Street	P.O. Box 6327	
,	Tallahassee, Florida 32399	Tallahassee, Florida 32314	ASSE
Enclose	ed is a check for the following amount:		
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	& Ø\$155.00 Filing Fee & \$\Bigsir \$160.00 Filing	ng Fee Certificate

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ASRM, LLC	
(Name of Foreign Limited I	Liability Company)
	3. 42-1574144
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
February 5, 2003	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
None	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) . to determine penalty liability)
509 S. Lenola Road; Suite 2	
Moorestown, New Jersey 08057	
(Street Address	of Principal Office)
If limited liability company is a manager-managed	company, check here
The name and usual business addresses of the man	aging members or managers are as follows:
Roberty E. Grady; 509 S. Lenola Road; Suite 2; Moon	estown, NJ 08057
Wendy Shafer; 509 S. Lenola Road; Suite 2; Mooresto	own, NJ 08057
Dennis A. Sandole; 509 S. Lenola Road; Suite 2; Moor	restown, NJ 08057
Attached is an original certificate of existence, no more than 90 or	
e jurisdiction under the law of which it is organized. (A photocop anslation of the certificate under oath of the translator must be subr	
Nature of business or purposes to be conducted or	r promoted in Florida. Third Party Administrator
The fraction of business of purposes to be conducted of	مي لدا
	OF STA
Wendy & Sta	
	thorized representative of a member. S., the execution of this document constitutes ury that the facts stated herein are true.)
WENDY'S SHAF	EB
Typed or printed	I 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.

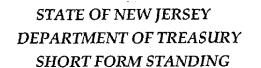
1. The name	e of the Limited Liability	Company is:	
ASRM, LLC			
2. The name	e and the Florida street ad	dress of the registered agent and office are:	
		(Name)	
	660 East Jefferson Stre		
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	FL 32301 City/State/Zip	···
		City/State/Eip	

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, Florida Statutes.

Ml Ship Mark Schiff, AVP Business filings Incorporated

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

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SECRETARY OF STATE



ASRM, LLC 0600161271

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 February 5, 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:

Asrm.Llc 509 S Lenola Rd Bldg 2 Morrestown, NJ 08057

Continued on next page . . .

