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	TRA	ISMITTAL LETTER
то:	Registration Section Division of Corporations	
SUBJ	JECT: Lawler Associates, LLC.	
		imited Liability Company)
Florid		Liability Company for Authorization to Transact Business is submitted to register the above referenced foreign limited a
Please	e return all correspondence concerning th	s matter to the following:
	Attack to the	
	Alicia Lawler	Name of Person)
		- :
	Lawler Associates, LLC.	Ziii SEC XLL
		(Firm/Company)
		000 I
	55 Cypress Neck Road	me I
		(Address)
	Lincroft, NJ 07738	
		/State and Zip Code)
	•	•
For fu	arther information concerning this matter,	please call:
	Alicia Lawler	ot (732) 212-9246
	(Name of Person)	(Area Code & Daytime Telephone Number)
	OFFICE ADDRESS.	MAILING ADDRESS.
	STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
		Division of Cornerations
	Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 7, 2005

ALICIA LAWLER LAWLER ASSOCIATES, LLC 55 CYPRESS NECK ROAD LINCROFT, NJ 07738

SUBJECT: LAWLER ASSOCIATES, LLC

Ref. Number: W05000006155

We have received your document for LAWLER ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 805A00008403

Diane Cushing Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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:

(Name of Foreign	n Limited Li	ability Company)		
New Jersey	3.	43-2024339		
(Jurisdiction under the law of which foreign limited company is organized)		(FEI number,	if applicable)	
07/29/2003	5.	Perpetual		
(Date of Organization)	_	(Duration: Year limited lial exist or "perpetual")	bility company wil	l cease to
(Date Government by		H. 16-1-1.		
(See sections 608.501 & 60	08.502 F.S. t	ida, if prior to registration.) to determine penalty liability)		
55 Cypress Neck Road			SEC	2699
Lincroft, NJ 07738			RE NO.	
(Stree	et Address o	f Principal Office)	(627 (127)	1 .
If limited liability company is a manager-	managed c	company, check here	<u>tri</u> e ,	ט
, , , ,				
	f the mana	oing members or manage	re are ac follows	਼ੜ
The name and usual business addresses of	f the manag	ging members or manager	rs are as follows	
	-		rs are as follows	#: ••• ••••
The name and usual business addresses of Alicia Lawler, 55 Cypress Neck Road, Lincrot	ft, NJ 0773	38	rs are as follows	다.
The name and usual business addresses of	ft, NJ 0773	38	rs are as follows	中: 〇 一
The name and usual business addresses of Alicia Lawler, 55 Cypress Neck Road, Lincrot	ft, NJ 0773	38	rs are as follows	
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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.

	Lawler Associates, LLC			
2. The name an	d the Florida street address of the registered agent and office are:			
	CorpDirect Agents, Inc.			
	(Name)	— ئىخد	~-	
	103 N. Meridian Street, Lower Level	_ LC		
	(Florida street address - P.O. Box NOT acceptable)	一部所	2005 KAR -	
	Tallahassee, Florida 32301	1338 10 A8	_	
	(City/State/Zip)		Έ	-
		*	: 07	
liability compan registered agen all statutes relai	med as registered agent and to accept service of process for the above ty at the place designated in this certificate, I hereby accept the apport and agree to act in this capacity. I further agree to comply with the ting to the proper and complete performance of my duties, and I am full bligations of my position as registered agent as provided for in Cha	intment e provisio amiliar v	limited as ons of vith	

E 15	
(Signature)	

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



LAWLER ASSOCIATES LLC 0400056364

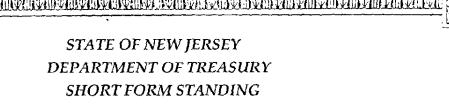
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New York Foreign Limited Liability Company was registered by this office on April 28, 2004.

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.

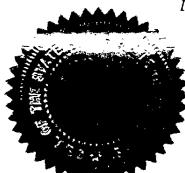
I further certify that the registered agent and registered office are:

Alicia Lawler 55 Cypress Neck Road Lincroft, NJ 07738

Continued on next page . . .



LAWLER ASSOCIATES LLC



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of April, 2004

Johnerem

John E McCormac, C. State Treasurer 1005 KAR -1 P U 07