M05000001716

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(City/State/Zip/Phone #)
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CAPITAL CONNECTION, INC.

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J.A. XaSorsa+ Ossociates, XXC	THE STATE OF THE PARTY OF THE P
Signature Requested by: Date Time Walk-In Will Pick Up	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Courier
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 29, 2005

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: J.A. LASORSA & ASSOCIATES, LLC

Ref. Number: W05000015952





We have received your document for J.A. LASORSA & 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):

Please note that we have RETAINED your \$125.00 payment.

Please list the NAMES and ADDRESSES of the company's MANAGERS or MANAGING MEMBERS in Item 9.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 005A00021263

RE-SUBMITPLEASE OBTAIN THE ORIGINAL
FILE DATE

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.

l. The na	me of the							
	J.A.	LAS	RSA	¢.	A55	oc iates	, LLC	
. The na	me and the	e Florida s	street ad	dress o	f the re	gistered agen	t and office are:	
			TOSEF	H.	A.	LA So	85 A	
	Name)							
		/3	90	5.	FE	DERAL	HIGHWAY	
		F	lorida str	eet addre	ss (P.O.	Box NOT ACC	EPTABLE)	
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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, F.S.

(Signature)

100.00 Filing Fee for Application
25.00 Designation of Registered Agent

\$ 30.00 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, J.A. LASORSA & ASSOCIATES, 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 March 29, 2002, 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 March 25, 2005.

> > **DEAN HELLER**

Secretary of State