άõ

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000086654 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: FLORIDA FILING & SEARCH SERVICES

Account Number : I2000000189 Phone

Fax Number

count Number one x Number	: 120000000189 : (850) 568-4318 : (850) 668-3398		A 05 A
FOREIC	FENS ASSOCIATION OF STATES	ABILITY COMP	7 2
Cert	ificate of Status	1	AT 101
Cert	ified Copy	1	- A-T
Page	e Count	03	
Esti	mated Charge	\$160.00	

Blacksonic Wing Manus

Corporate Filling

Public Accord Help

A Note: We are aware of additional fees
the to penalties. "1,150.00

Please Keep the original file/submission
date of April 5, 2005 Thankyon

HOSWOOD846543

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 LIMITED LIMITED LIMITED LIMITED LIMITED FLORIDA:

Ι.	PENS Associates, LLC			-		
·	(Name of Foreign Limite	d Lle	bility Company)			•
2.	Delaware	3.	04-3571233	<u>₹</u>	05	
	(Jurisdiction under the law of which fareign limited liabilit company is organized)	у	(FEI number, if applicable		APR	
4.	09/16/01	5.	Perpatual	交 表	_6	-
	(Date of Organization)		(Duration: Year limited liability compai exist or "perpetual")	iy will case	af Aff	
б.	June 1, 2004			_ පුට	_ Č	
	(Date first fransseled business in (See sections 608,501 & 608,502 F	Fig. 1	da, il prior to registration.) I determino penalty liability)	ATE AIDA	13:	
7.	939 Salem Street #3			······································		
	Groveland, MA 01894					
	(Street Addre	33 O	Principal Office)			
8.	If limited liability company is a manager-manage	od c	ompany, check here 🔲			
9,	The name and usual business addresses of the mark S. Apicolla, 939 Salem Street #3, Groveland,			llows:		
	Michael G. Norton, P.O. Box 2046, Wolfeboro, NH C	385				•
	Michael L. Siorza, 1320 Summit Road, Alpharella, (e ad	0004			
ire irei	Attached is an original cartificate of existence, no more than 9 spirit discrete under the law of which it is expanized. (A photocostation of the certificate under oath of the handlator must be spirit and the first business or purposes to be donducted.	opy i	snot acceptable. If the certificate is in a fore red.)			ı.
	Contract furniture industry and related activities	لمد				٠
		i, F.S., ogingy				
	Typed or print	_				

Unconso 8/2/26213

Hosvoco866843

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 Liability Company is:

PENS Associates, LLC						
2. The name and the Florida street address of the registered agent and office	SECTION OF APR					
NRAI Services, Inc.	· · · · · · · · · · · · · · · · · · ·					
(Namo)						
2731 Executive Park Drive, Suite 4	CH ST 8:					
Florida Birect Address (P.O. Box NOT ACCEPTABLE)	HM 8: 54 FLCHIDA					
Weston / FT_ / 33937						
City/State/Zip						

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.

Suzanna T. Cryan, Assistant Secretary

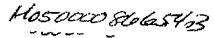
\$ 100.00 Filing Fce for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5,00 Certificate of Status (optional)

HOSDOOD 861054 3



Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FENS ASSOCIATES, 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 TWENTY-EIGHTH DAY OF MARCH, A.D. 2005.

AND I DO MEREBY FURTHER CERTIFY THAT THE SAID "FEMS ASSOCIATES, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2001.

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



Warriet Smith Mindson Harriet Smith Windson Secretary of State

AUTHENTICATION: 3769013

DATE: 03-28-05

3369369 8300 050247224