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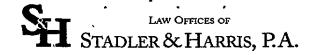
MUS-3239

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOP HAT, LLC	.
	ted Liability Company)
	pility Company for Authorization to Transact Business in comitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
RICHARD E. STADLER	₹
(Nan	ne of Person)
STADLER & HARRIS, PA	
(Fire	m/Company)
1820 GARDEN STREET	
(Address)
TITUSVILLE, FL 32796	
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	se call:
RICHARD E. STADLER	at (321) 264-8800
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	

□ \$125.00 Filing Fee

□ \$130.00 Filing Fee & □ \$155.00 Filing Fee & ☑ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy



Richard E. Stadler
Elizabeth Siano Harris
Of Counsel
Katherine Wyatt
Paralegai
Lori A. Hurd
Paralegal

June 7, 2005

Secretary of State Corporate Division The Capital 409 E. Gaines Street Tallahassee, Florida 32399

Re: TOP HAT, LLC

Gentlemen:

Enclosed please find the following in the above referenced matter for filing:

- 1. Transmittal letter
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- 3. Certificate of Designation of Registered Agent/Registered Office
- 4. Certificate of Existence
- 5. Firm check in the amount of \$160.00

I thank you in advance for your prompt assistance.

Very truly yours,

Richard E. Stadler

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:

d Liability Company) 3. Q1-2175336 (FEI number, if applicable) 5. Perpetual (Duration: Year limited liability company will cease to
5 Perpetual
5 Perpetual
(Donation Van Links III Lilly
exist or "perpetual")
Florida, if prior to registration.) S. to determine penalty liability)
<u>-</u>
e de la companya de
ss of Principal Office)
ed company, check here anaging members or managers are as follows:
O days old, duly authenticated by the official having custody of recopy is not acceptable. If the certificate is in a foreign language, a bmitted.)
or promoted in Florida: Rental Real Estate
COL

Signature of a member or an authorized representative of a member. (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

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:
TOP HAT, LLC	
2. The name	and the Florida street address of the registered agent and office are:
	RICHARD E. STADLER
	(Name)
	1820 Garden Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Titusville, FL 32796 FL
	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.

RULE (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

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

TOP HAT, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 3/8/2002.

I FURTHER CERTIFY that as of the date of this certificate, TOP HAT, LLC remains active and has complied with the filing requirements of this office.

Date: June 1, 2005

UBI: 602-187-970

STATE OF WASHINGTON TO SHAPE OF THE SHAPE OF

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State