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

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

NEW YORK and addition under the law of which foreign limited liability JUNE 23, 2005 (Date of Organization) JUNE 23, 2005 (Date of Organization) UPON FILING (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 16285 E. EPSON DRIVE LOXAHATCHEE, FL 33470 (Strest Address of Principal Office) If limited liability company is a manager-managed company, check here [] The name and usual business addresses of the managing members or managers are as follows: JOHN VARGHESE, MEMBER 5 SCANDIA ROAD CONGERS, NY 10920 Attached is an original certificate of edistrice, no more than 90 days old, duly autheritated by the official having custor interficien under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign lang station of the catificate or an under runs beschmitted) Nature of business or purposes to be conducted or promoted in Florida: <u>Real Estate</u> Investment Signature of a member or an authorized representative of a member.	
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	,
(In secondance with section 603.408(3), F.S., the execution of this document constitutes	
an affirmation under the penaltice of perjury that the facts stated herein are true.)	
JOHN VARGHESE, AUTHORIZED MEMBER	
Typed or printed name of signee	

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ST., NY, NY 10013

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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;

RUR	ATM	ЪЪС

2. The name and the Florida street address of the registered agent and office are:

· JOHN	VARGHESE	05	S NK
	(Name)	SEP	SION
1628 <u>5</u> E.	EPSON DRIVE	<u> </u>	PAR
Florida Street Address	(P.O. Box NOT ACCEPTABLE)	PH	ROFE
LOXAHATCHEE	FL 33470	ي	STAT
	City/State/Zip		IONS

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.

- \$ 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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State of New York Department of State } ss:

I hereby certify, that SABAIN LLC & NEW YORK Limited Ligbility Company filed Articles of Organisation pursuant to the Limited Ligbility Company Law on 06/23/2005, and that the Limited Ligbility Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Limbility Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 31st day of August two thousand and five.

Secretary of State

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