

M05000806244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/10/05--01022--025 **125.00

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11/10/05--01022--027 **5.00

RECEIVED
05 NOV 10 PM 12:12
STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2005 NOV 10 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 10, 2005

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
2005 NOV 10 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6497405 SO
Customer Reference 1: 024546/101
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

FDN Supra, LLC (DE)
Registration
Florida

~~FDN Supra, LLC (DE)~~
~~Registration~~
~~Florida~~

+ A status certificate

FDN Supra, LLC (DE)
Cert Copy of Application for Authority-Foreign
Florida

~~FDN Supra, LLC (DE)~~
~~Cert Copy of Application for Authority-Foreign~~
~~Florida~~

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

Thanks
Back!
Jellye

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,



Ashley A Mitchell
Fulfillment Specialist
Ashley.Mitchell@wolterskluwer.com

FILED
2005 NOV 10 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

FILED
2005 NOV 10 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. FDN Supra, LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-3178241
(FBI number, if applicable)
4. March 15, 2005
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Approval of this Application for Authorization
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2301 Lucien Way, Suite 200
Maitland, Florida 32751
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here ☒
9. The name and usual business addresses of the managing members or managers are as follows:
Michael Gallagher, 2301 Lucien Way, Suite 200, Maitland, FL 32751
Donald Boerema, 2301 Lucien Way, Suite 200, Maitland, FL 32751
Matthew Blocha, 2301 Lucien Way, Suite 200, Maitland, FL 32751
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: All limited liability company purposes permitted under the Florida Limited Liability Company Act.

Cynthia Grimmer
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.)
Cynthia Grimmer

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:

FDN Supra, LLC

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

F&L Corp.

(Name)

One Independent Drive, Suite 1300

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Jacksonville, FL 32202

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.

F&L CORP.

By: 

(Signature) Vice President

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

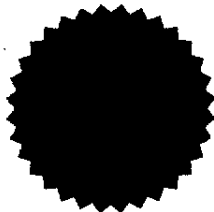
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FDN SUPRA, 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 NINTH DAY OF NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3940144 8300

AUTHENTICATION: 4287365

050917318

DATE: 11-09-05