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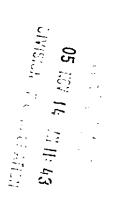
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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Anthony Sarandes, LLC	On
(Name of Foreign Limited Liab	bility Company)
North Carolina 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)  Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	la, if prior to registration.) determine penalty liability)
327 Hillsborough Street	
Raleigh, NC 27603	
(Street Address of	Principal Office)
If limited liability company is a manager-managed co	ompany, check here 📈
The name and usual business addresses of the managi Anthony Sarandes	ing members or managers are as follows:
2120 SW 55th Street Road	
Ocala, FL 34474	
Attached is an original catificate of existence, no more from 90 days ejurisdiction under the law of which it is organized. (A photocopy is a slation of the certificate under cath of the translator must be submitted.  Nature of business or purposes to be conducted or present the conducted of the con	not acceptable. If the certificate is in a foreign language, a ed.)
A Donal	
Signature of a metabler or an author (in accordance with section 608, 408(3), F.S., an affirmation under the penalties of perjury	the execution of this document constitutes
Anthony A. Sarandes	then and leads better the control of
Typed or printed na	ame of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE INDERSIGNED I MITTED I JARII ITY COMPANY STIRMITS THE EQUI OWING STATEMENT

TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.				
1. The name of	of the Limited Liability Company is:			
Anthony.	, Sarandes, LLC			
2. The name a	and the Florida street address of the registered agent and office are:			
	Anthony A. Sarandes			
	(Name)			
	2120 SW 55th Street Road			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Ocala, FI 34474 FL City/State/Zip			
liability compa agent and agre relating to the j	amed as registered agent and to accept service of process for the above stated limited my at the place designated in this certificate, I hereby accept the appointment as registered e to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes.  (Signature)			

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



## NORTH CAROLINA Department of The Secretary of State

### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### ANTHONY SARANDES LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 29th day of September, 2005, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of November, 2005.

Elaine I. Marshall

Secretary of State

Certification# 85117853-1 Reference# 8018724-ACH Page I of 1 Verify this certificate online at www.secretary.state no.us/verification