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	SECRETARY OF STATE SECRETARY OF STATE AHASSEE, FLORIDA questors Name)
(Re	questor's Name)
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COVER LETTER

2006 MAR 23 P 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIES

TO: Registration Section Division of Corporations

SUBJECT:	Allen, Kopet & Associates, PLLC	<u> </u>
	(Name of Limited Liability Company)	
	Foreign Limited Liability Company for Authorizations, and check are submitted to register the above resisters in Florida	
Picase return all corresponden	ee concerning this matter to the following:	
	Louis D. Kaye	
	(Name of Person)	
,	Allen, Kopet & Associates, PLLC	
	(Firm/Company)	•
	PO Box 1330	
	(Address)	
	Winter Park, FL 32790-1330	
	(City/State and Zip Code)	
For further information concer	ning this matter, please call:	
Louis I	. Kaye at (407) 540-9919	•
(Name o	f Person) (Area Code & Daytime Tel	
MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	
Division of Corporation		_
P.O. Box 6327	Clifton Building	
Tallahassec, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the foll	owing amount: \$130.00 Filing Fee & \$\infty\$\$155.00 Filing Fee & \$\infty\$\$16 Certificate of Status Certified Copy	0.00 Filing Fee, Certificate of Status & Certified Copy

FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZA TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO THE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Allen, Kopet & Associates, PLLC (Name of Foreign Limited Liability Company) **State of Tennessee** 62-1622775 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 12/22/1995 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") August, 2000 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 750 S. Orlando Avenue, Suite 200 Winter Park, FL 32789-4845 (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: G. David Allen, Jr. - Managing Member PO Box 23583 Chattanooga, TN 37422 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: **Legal Services - Defense** 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.)

Louis D. Kaye
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

ZOOL MAR 23 P 1: E
TALLAHASSEE, FLORIS

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.

•••	The name of the Entitled Entothing Company is.	
	Allen, Kopet & Associates, PLLC	
2. 7	The name and the Florida street address of the registered agent and office are:	
	Louis D. Kaye	
	(Name)	
	750 S. Orlando Avenue, Suite 200 Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Winter Park FL 32789-4845 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.

(Signature)

The name of the Limited Liability Company is:

\$ 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 Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 02/06/2006 REQUEST NUMBER: 06037510 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/22/1995 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0304729 JURISDICTION: TENNESSEE

TO: ALLEN KOPET & ASSOCIATES, PLLC PO BOX 6717 *AMY ALLEN TS SC 29938-671 HILLTON HEAD IS , SC 29938-671

REQUESTED BY: ALLEN KOPET & ASSOCIATES, PLLC PO BOX 6717 %AMY ALLEN HILLTON HEAD IS , SC 29938-671

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "ALLEN, KOPET & ASSOCIATES, PLLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID: THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

HILTON HEAD IS, SC 29938-0000

ON DATE: 02/06/06

FEES \$20.00

FROM: ALLEN KOPET & ASSOCIATES, PLLC (HILTON) PO BOX 6717

\$0.00

TOTAL PAYMENT RECEIVED:

RECEIVED:

\$20.00

RECEIPT NUMBER: 00003863006 ACCOUNT NUMBER: 00513801



RILEY C. DARNELL SECRETARY OF STATE