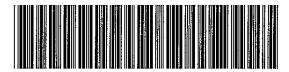
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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	CASPE	TR GRO	UP	برر			
		Liability Company)	·				
The enclosed "Application by Forei Florida," Certificate of Existence, a liability company to transact busine	nd check are submi						
Please return all correspondence co	ncerning this matte	r to the following:					
JE	Name (Name	of Person)					
MAC ARTHUR WATER GORDENS LLC (Firm/Company)							
1698 SW	16"TH S			W06-14	604		
boca tes	ton Fc	dress) 33486 and Zip Code)		SECHLIANASE TALLANASE	PR 10 A		
For further information concerning this matter, please call:							
Name of Person) at (561) 347-7853 P (Name of Person) (Area Code & Daytime Telephone Number)							
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	D C 26	FREET ADDRESS: ivision of Corporatio lifton Building 661 Executive Center allahassee, FL 32301	ons r Circle				
Enclosed is a check for the followin		□\$155.00 Filing Fee & us Certified Cop		00 Filing Fee, Cer of Status & Ce			



March 27, 2006

JENNIFER COX MACARTHUR WATER GARDENS LLC 1698 SW 16TH ST BOCA RATON, FL 33486

SUBJECT: THE CASPER GROUP LLC

Ref. Number: W06000014604

We have received your document for THE CASPER GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

O6 APR 10 AM 11: 40
TALLAHASSEE, FLORID

Letter Number: 206A00020496

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

			. FLORIDA STATUTES TBUSINESS IN THE S	S, THE FOLLOWING IS T STATE OF FLORIDA:	SUBMITTED TO REGIS	TIER A FOREIGN
1	THE	CASPET	7 GT2006 of Foreign Limited Lin	> ۱ـــ		
		(Name	of Foreign Limited Li	ability Company)		
2	DELO	JONATO E	3.	20- Y	1052247	
0	ompany is organized)	law of which fore	gn mined habinty	(FEI IIIII	ioer, ir applicable)	
4.	SEPT	28 20	5,	(Duration: Year limite exist or "perpetual")	JAL	Lagara ta
	(Date o	i Organization)		exist or "perpetual")	d naonity company win	cease to
6.	4/0	/D. c. * (13. 18		
		(See sections 608	sacted business in Flor 3.501 & 608.502 F.S. t	ida, if prior to registration o determine penalty liabil	ı.) lity)	
7.	1698	Sc 16	574 51	BOCAT	www F	<u>3</u> 348
	-		(Street Address o	f Principal Office)		
8.	If limited liability	company is a n	nanager-managed o	ompany, check here		
9.	The name and usu	ıal business add	resses of the mana	ging members or man	nagers are as follows	s:
•				_	_	
	BRETT	MOCE,	1690 8	w 1674 s	1 ROW LA	TON FL '68
	Jane	cox.	SAME			
thej	jurisdiction under the l	aw of which it is org		ys old, duly authenticated l is not acceptable. If the cer itted.)		
11.				promoted in Florida:		
_	SUPPLY	and	sod Tuc	DECOR	JOHLING	
		_			LLA	6 APR
		(In accordance with	h section 608.408(3), F.S	norized representative	ment constitutes	
		an affirmation und	for the penalties of perjur	y that the facts stated herein	are true.)	宝 [[]
			Typed or printed	<u> </u>		

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:			
	THE	CASPER	GRAVE	كباد		

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

SEMNIFETZ COX BOCA TWTON FL 38486

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)** Certificate of Status (optional)

5.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE CASPER GROUP 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 THIRTEENTH DAY OF MARCH, A.D. 2006.

OG APR 10 AM 11: 40
SECRE ASSEE FLORIDA



Darriet Smith Hindson

AUTHENTICATION: 4587755

DATE: 03-13-06

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