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1	(Requestor's Name)			
T	(Address)			
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1	(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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	Office Use Only			



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CRETARY OF STATE LAHASSEE, FLORIDA

OF APR 18 PM 2: 54



ACCOUNT NO. : 072100000032

REFERENCE :

7239244

FLANDS OF 3:53

AUTHORIZATION /

COST LIMIT

ORDER DATE: April 18, 2006

ORDER TIME : 2:16 PM

ORDER NO. : 995150-005

CUSTOMER NO: 7239244

FOREIGN FILINGS

NAME: SETLA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX: PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO R LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company) DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) august 21, 2001 (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) treet Address of Principal Office) 8. If limited liability company is a manager-managed company, check here U The name and usual business addresses of the managing members or managers are as follows: ADDRESS AROUE 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 eath of the translator must be submitted.)

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.)

LEONARD LEUITSKY
Typed or printed name of signee

11. Nature of business of purposes to be conducted or promoted in Florida: <u>CORPORATE OFFICE</u>

561 241 4547

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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 nam	ne of the Limited Liability C	ompany is:	
	SETLA LLC		
2. The nam	ne and the Florida street add	ress of the registered agent and offic	ce are:
!	Corporation Service Comp	pany	
Ì		(Namo)	
*	1201 Hays Street		
i i	Florida Stree	Address (P.O. Box NOT ACCEPTABLE)	
1	Tollabassoo	FL 32301	
·		City/State/Zip	**************************************
liability con agent and a relating to to obligations	npany at the place designated gree to act in this capacity, l he proper and complete perfi	and to accept service of process for it in this certificate, I hereby accept th further agree to comply with the proprintage of my duties, and I am familiagent as provided for in Chapter 608,	e appointment as registered vistons of all statutes iar with and accept the

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

Certified Copy (optional) \$ 30.00

\$ 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 "SETLA 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 EIGHTEENTH DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SETLA LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4674589

DATE: 04-18-06

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