M06000003436

(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
	(O)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
. (Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



600076222556

06/16/06--01039--026 **130.00

O6 JUN 16 PM 2: 10
SECRETARY OF STATE

1. Outligum JUN 20 2006

COVER LETTER

TO: Registration Section

Divisi	ion of Corporations				
SUBJECT:	r. JOHN POLLARO CONSULTING LLC				
	(Name o	f Limited Liability Company)			
Florida," Cer		ed Liability Company for Authorization to Transact Business in are submitted to register the above referenced foreign limited rida			
Please return	all correspondence concerning	this matter to the following:			
	Margaret M. Grillet				
		(Name of Person)			
	Potter Anderson & Corroon LLP				
		(Firm/Company)			
	P.O. Box 951				
		(Address)			
	Wilmington, Delaware 19899				
	(C	ity/State and Zip Code)			
For further in	formation concerning this matte	er, please call:			
Mich	ael W. Whittaker, Esq.	at ()984-6104			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Divisi P.O. E	on of Corporations Box 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	check for the following amount 5.00 Filing Fee				

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

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

JOHN POLLAR	O CONSULTING LLC			
	(Name of Foreign Limited l	Liability Company)		
DELAWARE	:	20-5041064		
(Jurisdiction under company is organi	the law of which foreign limited liability zed)	(FEI num	ber, if applicable)	
JUNE 14, 2006		5. PERPETUAL		
	ite of Organization)		d liability company will cease t	ā
UPON QUALIF	ICATION		· 1, c	_
*	(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	orida, if prior to registration to determine penalty liabil	SECR.	ار 10
2111 PALM TR	EE DRIVE			\equiv
PUNTA GORDA	A, FLORIDA 33950		SET ETC.	
	(Street Address	of Principal Office)		=
. If limited liabi	lity company is a manager-managed	company, check here	ORID	2: [
The name and	usual business addresses of the man	aging members or man	agers are as follows:	
IOINI POLI A	RO - 2111 PALM TREE DRIVE, PUNTA	00004 51 00104 3305	~	
				_
he jurisdiction under turislation of the certi	ginal certificate of existence, no more than 90 the law of which it is organized. (A photocop ificate under oath of the translator must be sub siness or purposes to be conducted o	oy is not acceptable. If the cormitted.)		
	-	promotod in Fronta.		
	100.01			<u> </u>
	Signature of a member or an at	thorized representative	of a member.	
	(In accordance with section 608.408(3), I	F.S., the execution of this docu	ment constitutes	
	an affirmation under the penalties of per JOHN POLLARO, MEMBER	jury that the facts stated herein	are true.)	
		d name of signee		
	Typed or printer	a marine or signice		

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 nar	me of the Limited Liability Co	ompany is:	
JOHN POL	LARO CONSULTING LLC		
2. The nar	me and the Florida street addre	ess of the registered agent and office are:	SECRI TALLA
	JOHN POLLARO		NI6 FAS
		(Name)	PA SEE,
	2111 PALM TREE DRIVE	:	25.
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	ATE AREA
	PUNTA GORDA	FL 33950	
		City/State/Zip	
liability con agent and a relating to	mpany at the place designated t agree to act in this capacity. I j the proper and complete perfor	and to accept service of process for the above studing this certificate, I hereby accept the appointment further agree to comply with the provisions of a summance of my duties, and I am familiar with an agent as provided for in Chapter 608, Florida Studies.	nent as registered all statutes d accept the

\$ 100.00 Filing Fee for Application

\$ 25.00

\$ 30.00

Designation of Registered Agent

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 "JOHN POLLARO CONSULTING 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 FIFTEENTH DAY OF JUNE, A.D. 2006.



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4828598

DATE: 06-15-06

4175274 8300

060577575