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(Re	equestor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phone	: #)			
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(Document Number)					
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

Florida," Cert		imited Liability Company for Authorizat neck are submitted to register the above r Florida	
Please return	-	ning this matter to the following:	
	TiA Wi	(Name of Person)	,
		(Name of Person)	<u>-</u>
		ah LLC (Firm/Company)	7006 AU SECRE ALLAH
	5448 F	(Firm/Company)	2006 AUG 24 A ID: 45 SECRETARY OF STATE ALLAHASSEE. FLORIDA
	Apex	NC 27502	45 ATE RIDA
		(City/State and Zip Code)	
For further in	formation concerning this	matter, please call:	
	TiA William	at (919) 303 (Area Code & Daytime T	7334
	(Name of Person)	(Area Code & Daytime T	'elephone Number)
Divisi P.O. E	LING ADDRESS: ton of Corporations Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le
Enclosed is a	check for the following an	nount:	

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: Name of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) (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 a same as a same and usual business addresses of the managing members or managers and same and usual business addresses of the managing members or managers and same and usual business addresses of the managing members or managers and same and usual business addresses of the managing members or managers and same and usual business addresses of the managing members or managers and same and usual business addresses of the managing members or managers and same and s follow 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: 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.)

Typed or printed name of signee

Aug 21 06 03:17p

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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

	ED LIMITED LIABILIT TE A REGISTERED OF				
	f the Limited Liability	Company is:	·		
2. The name a	nd the Florida street ad	dress of the registere	ed agent and off	ice are:	
	United "	States Cor	poration	Agents Ir	۱ د کا
	III Lacola	Ba Suit	e460	AHA.	
		eet Address (P.O. Box I	· ·	₹Y C	21 A
		each FL City/State/Z	ر در ر	Z-29	
liability comparagent and agree relating to the p	imed as registered agen ny at the place designate e to act in this capacity, proper and complete per ny position as registered	ed in this certificate, I further agree to co formance of my duti	I hereby accept to emply with the press, and I am fam	the above state he appointmen vovisions of all iliar with and s	ed limited at as registered statutes accept the
4	(Signature)				

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 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 "ABRIYAH 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 AUGUST, A.D. 2006.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4976324

DATE: 08-15-06

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