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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	OR	RP MANAGEMENT, LLC				
		nited Liability Company)				
Florida," Cer		ed Liability Company for Authorization to Transact Businare submitted to register the above referenced foreign limited				
Please return	all correspondence concerning the	his matter to the following:				
	LOUIS	S M. MEINERS, JR.				
		(Name of Person)				
	ADVO	OCATE CONSULTING FEE 28				
		(Firm/Company) ARETAR AUG 2				
	9229 DELEGATES ROW, SUITE 245					
		(Address) CARIATE ASTATE				
		ANAPOLIS, IN 46240				
	(Cit	cy/State and Zip Code)				
For further in	formation concerning this matter	r, please call:				
	RACHEL HALL	at 317-581-4077				
	(Name of Person)	(Area Code & Daytime Telephone Number)				
MAII	LING ADDRESS:	STREET ADDRESS:				
	on of Corporations	Division of Corporations				
	Box 6327	Clifton Building				
l allar	nassee, FL 32314	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:

1.			GEMENT, LLC			
	(Name of Foreign Lim	nited	Liability Company)			
2.	DELAWARE	3.	20-5431 (FEI number, if applica	829		
	(Jurisdiction under the law of which foreign limited liability company is organized)	1	(FEI number, if applica	ible)		
4.	AUGUST 23, 2006	5.	PERPETU (Duration: Year limited liability com	JAL		
	(Date of Organization)		(Duration: Year limited liability comexist or "perpetual")	pany will	cease to	
6.	8	/2	8/2006	1		-
	(Date first transacted business i (See sections 608.501 & 608.502	in Fl P.S	orida, if prior to registration.) . to determine penalty liability)	SECRET		
7.	155 VALENCIA DRIVE (P.O. BOX 510	_	MAILING)			
	OAK HILL, FL 32759		ָט ת ת	28 137 137 138 138 138 138 138 138 138 138 138 138		*
	(Street Address	of Pr	rincipal Office)	S	101	
8.	If limited liability company is a manager-managed	d co	mpany, check here ORIO	P 3: 0:	O	
9.	The name and usual business addresses of the man	nagi	ing members or managers are as	follows	:	
	GEORGE LEES		LAURA D. LEES			
	P.O. BOX 510		P.O. BOX 510			
	OAK HILL, FL 32759-0510		OAK HILL, FL 32759	-0510		
he ra	Attached is an original certificate of existence, no more than e jurisdiction under the law of which it is organized. (A phunslation of the certificate under oath of the translator mu	otoo ist b	copy is not acceptable. If the certific e submitted.)	ate is in a	foreign lang	
11	. Nature of business or purposes to be conducted or	r pr	omoled in Florida: EQUIPMEN	I TEN	21110	
	Signature of a member or an a (In accordance with section 608.408(3) an affirmation under the penalties of	utho), F.S of per	orized representative of a member, the execution of this document constitution that the facts stated herein are true.)		,	
			EINERS, JR. d name of signee	_		
	i yped of pil	ıııt¢t	a mame of signed			

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:

ORP MANAGEMENT, LLC

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

LOUIS M. MEINERS, JR.	7 <u>A\$</u>
(Name)	
3073 HORSESHOE DRIVE SOUTH, SUITE 210	AUG 2
Florida Street Address (P.O. Box NOT ACCEPTABLE)	E 00
NAPLES FL 34104 City/State/Zip	P 3: 03 F STATE FLORIBA

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)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORP MANAGEMENT, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ORP MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF AUGUST, A.D. 2006.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4995159

DATE: 08-23-06

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