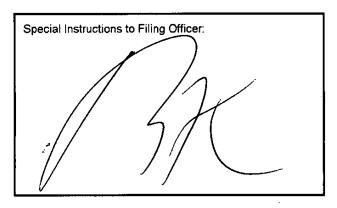
# M06000005997

(Requestor's Name)						
(A	ddress)					
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(C	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(В	usiness Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					



Office Use Only



400081028614

RECEIVED

OF OCT 30 AM II: 03

OG OCT 30 AM 8: 27
SECRETARY OF STATE
AHASSEE, FLORID



ACCOUNT NO. : 072100000032

REFERENCE : 518046

4702925

AUTHORIZATION ,

COST LIMIT

ORDER DATE: October 11, 2006

ORDER TIME : 9:31 AM

ORDER NO. : 518046-370

CUSTOMER NO: 4702925

#### FOREIGN FILINGS

NAME: MSF MARKET, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Denise Mick -- EXT# 2950

EXAMINER:



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2006

DENISE MICK CSC TALLAHASSEE, FL

SUBJECT: MSF MARKET, LLC Ref. Number: W06000047468



We have received your document for MSF MARKET, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

In addition to the address, please list the NAMES of the MANAGERS or MANAGING MEMBERS in Item 9.

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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 606A00064131

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

MSF Marke	et, LLC			Ī	ين (يايو
	(Name of Foreign	Limited Liab	oility Company)		<del>-32-32-</del>
Delaware		3.			600
Jurisdiction to company is o	under the law of which foreign limited organized)	liability	(FEI numb	er, if applicable)	0,5
1	0/23/06	5.	Perperual		16
	(Date of Organization)	_	(Duration: Year limited exist or "perpetual")	liability company wi	ll cease to
Upon Filin	g				
	(Date first transacted busin (See sections 608.501 & 60	ncss in Florid 8.502 F.S. to	la, if prior to registration. determine penalty liabili	) (y)	<del></del>
8441 Coope	er Creek Boulevard				
University !	•				
	(Stree	t Address of l	Principal Office)		
		nanaged co	mpany, check here i	/ I	
David I	and usual business addresses of H. Baldauf per Creek Boulevard, University Park, 1	the managi	mpany, check here	<b></b>	/S:
David I	and usual business addresses of H. Baldauf	the managi		<b></b>	rs:
David I 8441 Coop Attached is a jurisdiction v	and usual business addresses of H. Baldauf	the managi FL 34201 Te than 90 day photocopy is	ing members or mana sold, duly authenticated by	gers are as follow	ustody of recor
David I 8441 Coop Attached is a jurisdiction u	and usual business addresses of H. Baldauf per Creek Boulevard, University Park, I am original certificate of existence, no mor	the managi FL 34201 re than 90 day photocopy is ust be submitt	s old, duly authenticated by not acceptable. If the certical	gers are as follow	istody of recor
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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 name of the Limited Liability Company is:  MSF Market, LLC								
		ddress of the registered agent and office are:						
	Corporation Service Con	mpany						
		(Name)	<del></del>					
	1201 Hays Street							
	Florida Str	reet Address (P.O. Box NOT ACCEPTABLE)						
	Tallahassco	FL 32301	<u>.</u>					
		City/State/Zip						
liability con agent and a relating to t obligations	spany at the place designate gree to act in this capacity. he proper and complete per	nt and to accept service of process for the above ted in this certificate, I hereby accept the appoin I further agree to comply with the provisions rformance of my duties, and I am familiar with d agent as provided for in Chapter 608, Florida  Denise Mick as its agent	ntment as registered of all statutes and accept the					

\$ 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 "MSF MARKET, 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-SEVENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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



Harriet Smith Windson Secretary of State

AUTHENTICATION: 5154362

DATE: 10-27-06

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