MOG000006349

uestor's Name)	
ress)	
ress)	
State/Zip/Phon	e #)
WAIT	MAIL
ness Entity Na	me)
ument Number)	
Certificate	s of Status
iling Officer:	
	WARRANIA MARKANIA MA
	THE PARTY OF THE P
	ess) State/Zip/Phon WAIT ness Entity Nat ument Number Certificate

Office Use Only



700080139587

11/15/06--01042--002 **125.00

2668:10V | 5 FM 3: 58



COVER LETTER

Division of Corporations	
SUBJECT: TIGER'S EYE ENTERPRISES, LLC (Name of Limited Liability Company)	÷
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact B Florida," Certificate of Existence, and check are submitted to register the above referenced foreign liability company to transact business in Florida	
Please return all correspondence concerning this matter to the following:	
RICHARD WHITTINGTON (Name of Person)	
(Name of Person)	
TIGGR'S EYE ENTERPRISES, LLC	200 200
(Firm/Company)	6 元第
1200 TURNPIKE STREET (Address)	V 15
(Address)	2
CANTON, MA 02021 (City/State and Zip Code)	TODE NOV 15 PM 3:58
For further information concerning this matter, please call:	
RICHMAS WHIFTINGTON at (781) 821-5216 *22 (Name of Person) (Area Code & Daytime Telephone Number	· ·)
MAILING ADDRESS: STREET ADDRESS:	
Division of Corporations Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: [A] \$125.00 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. TIGER'S EYE ENTERPRISES LLC
(Name of Foreign Limited Liability Company) MASSACHUSETTS
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 04-3574346
(FEI number, if applicable) 4. To Ly 25, 2001
(Date of Organization)

5. PERFCTUAL
(Duration: Year limited liability company will cease to 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) 7. 1200 TURNPIKE St. 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 are as follows: RICHARD WHITTINGTON 1200 TURNPIKE ST. CANTON MA 02021 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.) RICHARD P. WHITTMOTON

Typed or printed name of signee

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: TIGER'S EYE ENTERPRISES, LLC	···	,
2. The name and the Florida street address of the registered agent and office are:	~	a j
CATHERIUS SANDERS	2006 NOA	M
(A Marilley)	V 15	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	<u>ः</u> य	三 <u>名</u> 章 760 2
PUNTA GORDA FIL 33950	55 80	

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 Cortified Copy (optional)

§ 5.00 Certificate of Status (optional)

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:	
THER'S EYE ENTERPRISES, LLC	
2. The name and the Florida street address of the registered agent and office are: CHTHELIS SANDERS (Name)	2006 NOV 15
Florida Street Address (P.O. Box NOT ACCEPTABLE) PUNTA GORDA FL 33950 City/State/Zip	PH 3: 58
Having been named as registered agent and to accept service of process for the above stated limin liability company at the place designated in this certificate, I hereby accept the appointment as reagent and agree to act in this capacity. I further agree to comply with the provisions of all statute relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.	gistered 2s
(Signature)	

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



The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

November 10, 2006

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

TIGER'S EYE ENTERPRISES,LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 25, 2001.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: RICHARD WHITTINGTON, TIMOTHY PORTER, BARTHOLOMEW O'BRIEN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: RICHARD WHITTINGTON, TIMOTHY PORTER, BARTHOLOMEW O'BRIEN

The names of all persons authorized to act with respect to real property listed in the most recent filing are: RICHARD WHITTINGTON, TIMOTHY PORTER, BARTHOLOMEW O'BRIEN



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

ellian Francis Galein

on the date first above written.

Secretary of the Commonwealth

Processed By: jb