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COVER LETTER

_C (Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited

Registration Section

Division of Corporations

SUBJECT: SAMANA MEM, LLC

TO:

liability company to transact business in Florida	-							
Please return all correspondence concerning this m	atter to the following:							
JAMES R. CHANDLER, I								
(Name of Person)								
v								
BENDER, BENDER & CHA	NDLER, P.A.							
	m/Company) 20							
	AR S							
1834 MAIN STREET	<u> </u>							
	(Address)							
CADACOTA EL 24226	(Address)							
SARASOTA, FL 34236 (City/State and Zip Code)								
(Спу/би	ite and Zip Code)							
For further information concerning this matter, plea	ase call:							
JAMES R. CHANDLER, III	at 941 951-1503							
(Name of Person)	(Area Code & Daytime Telephone Number)							
MAILING ADDRESS:	STREET ADDRESS:							
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building							
Tallahassee, FL 32314	2661 Executive Center Circle							
	Tallahassee, FL 32301							
Enclosed is a check for the following amount: \$\sum_\$1\bar{1}25.00 \text{ Filing Fee}\$ \$\sum_\$\$130.00 \text{ Filing Fee & Certificate of}\$	☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy							
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2007

JAMES R. CHANDLER, III BENDER, BENDER & CHANDLER, P.A. 1834 MAIN STREET SARASOTA, FL 34236

SUBJECT: SAMANA MEM, LLC Ref. Number: W07000003607

We have received your document for SAMANA MEM, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 207A00005338

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:

I. SAMANA MEI						
	(Name of)	oreign Limited L	Liab	ility Company)	,	-
2. DELAWARE (Jurisdiction under the	ne law of which foreign	3 limited liability	3. 🚄	20-8103370 (FEI number, if applicable)	}	
company is organize	d)					
4. 04/15/2005		. 5	5. I	PERPETUAL		
(Date	of Organization)		e .	(Duration: Year limited liability company exist or "perpetual")	y will ceas	se to
ó						
	(Date first transact (See sections 608.50	ed business in Flo 1 & 608.502 F.S.	orida . to o	a, if prior to registration.) determine penalty liability)	,	- 3,
7. 1390 SOUTH	HDIXIE HWY, S	UITE 2113				_ .
CORAL GAB	LES, FL 33146	·			•	
		(Street Address	of P	rincipal Office)	7.	
		_			ESEC SEC	07
. If limited liabilit	y company is a man	ager-managed	COI	mpany, check here	₽Ä	₩
The name and w	nual business address	oon of the man		na mambana an manaana ana aa fal		ယ
, The hame and us	suai vusiness audies	ses of the mana	agn	ng members or managers are as fol	⊊woi	0
MGRM	Roberto Mane	ni n			713	Ž
					25	Ö
	1390 South I	Dixie Hwy,	<u>.</u> S	Ste. 2113	57	ω
	Coral Gables				 	
			_ -		. ,,	
rejurisdiction under the		zed. (A photocopy	yisr	old, duly authenticated by the official havir not acceptable. If the certificate is in a foreig d.)		
1. Nature of busin	ess or purposes to b	e conducted or	pro	omoted in Florida:	 _	
INTERNATIO	NAL SALES,&	PURCHAŞI	IÑO	a /		,
	A		1			
	Signature of a me	mber or an aut	tho	rized representative of a member.		2 E.M
	(In accordance with sec	tion 608.408(3), F.	.S., ti	he execution of this document constitutes		
	an affirmation under the	te peparaties of perju	ury ti	hat the facts stated herein are true.)		
		117		457 JUN-14		
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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:

SAMANA MEM, LLC

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

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAMANA MEM, 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 SEVENTEENTH DAY OF JANUARY, A.D. 2007.





3956003 8300

070052880

Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5361683

DATE: 01-17-07