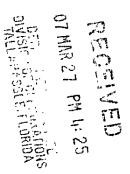
M07000001838

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fill	ipg Officer:	





100094186731





FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Drive, Suite A Tallahassee, FL 32301 PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE:

03-27-07

NAME:

Ascencea, llc

TYPE OF FILING: APPLICATION TO TRANSACT BUSINESS

COST:

\$155

RETURN:

CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION:



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2007

FLORIDA FILING & SEARCH

TALLAHASSEE, FL

SUBJECT: ASCENCEA, LLC Ref. Number: W07000015086

We have received your document for ASCENCEA, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

Either the members make management decisions, or the company is being run by managers or by acting managers.

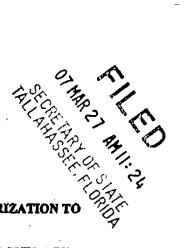
Please list the names and addresses of the managing members or managers in Item 9..

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 managers ir in 60 days o

Letter Number: 207A00021057



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:

Ascencea, LLC			·
	(Name of Foreign Limited	Lie	bility Company)
Delaware	:	3.	20-8588861
(Jurisdiction under the l company is organized)	aw of which foreign limited liability	٠,	(PEI number, if applicable)
3/8/07		<	perpetual
(Date of Organization)	Organization)	<i>J</i> .	(Duration: Year limited liability company will cease to exist or "perpetual")
upon filing			
	(Date first transacted business in F (See sections 608.501 & 608.502 F.:	lori S. to	de, if prior to registration.) o determine penalty liability)
292 Terminal Avenue	e, Clark, NJ 07066		
	(Street Addres	a of	Principal Office)
To limited Habilton	·		<u> </u>
ri munica nadmily (company is a manager-manage	u C	ompany, check here
The name and usus	il business addresses of the ma	nag	ging members or managers are as follows:
Larry Dickstein	292 Terminal Avenue, Clari	k, 1	NJ 07066
			······································
			
			•
e jurisdiction under the in erstation of the certificate	ow of which it is organized. (A photoco under oath of the translator must be suit	py brni	ys old, duly authenticated by the official having custody of re is not acceptable. If the certificate is in a foreign language, a med.) promoted in Florida: Insurance Agency Services
			· .
	_ Dicht	-	
		F.S	torized representative of a member. , the execution of this document constitutes y that the facts stated berein are true.)
	Larry Dickstein, Member		
	Typed or printe	ed r	name of signec

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:				
Ascences, LLC				
2. The name and the Florida street	address of the registered agent and office are:			
NRAI Services, Inc.	,			
	(Name)			
2731 Executive Par				
Florida	Street Address (P.O. Box NOT ACCEPTABLE)			
Weston_	PL 33331			
	City/State/Zip			
	•			

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. NRA Services, Inc.

(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

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASCENCEA, 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 TWENTIETH DAY OF MARCH, A.D. 2007.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "ASCENCEA, LLC" WAS FORMED ON THE SIXTH DAY OF MARCH, A.D. 2007.

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

4311828 8300 0*70***339**361



Warret Smile Manden

AUTRENTICATION: 5522676

DATE: 03-20-07