(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
☐ PICK-UP ☐ WAIT ☐ MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filling Officer							
Special Instructions to Filing Officer:							
GBM							

Office Use Only



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#### **COVER LETTER**

	Registration Section Division of Corporations								
SUBJE	CT:B.E.I.I.,LLC								
	(Name of I	Limited Liability Company)							
Florida,		Liability Company for Authorization to Transact Business in e submitted to register the above referenced foreign limited a							
Please re	eturn all correspondence concerning the	is matter to the following:							
	Cary Bufferd								
		(Name of Person)							
	B.E.I.I.,LLC								
	(Firm/Company)								
	19657 Waters End Drive, No.205								
		(Address)							
	Boca Raton, Florida 33434								
	(City/State and Zip Code)								
For furth	ner information concerning this matter,	please call:							
_	Cary Bufferd	at ( 561 ) 852-1871							
_	(Name of Person)	(Area Code & Daytime Telephone Number)							
N	MAILING ADDRESS:	STREET ADDRESS:							
I	Division of Corporations	Division of Corporations							
	P.O. Box 6327	Clifton Building							
1	fallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301							
Enclosed E	l is a check for the following amount:  \$\frac{1}{3}\$125.00 Filing Fee  \$\frac{1}{2}\$\$130.00 Filing Fee  Certificate	: & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate e of Status Certified Conv. of Status & Certified Conv.							

### 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:

B.E.I	.I., LLC (Name of Foreign Limited	T 1.3	Glite Command		
		Liai			
State of D		3.	20-8540500		
urisdiction under the law ompany is organized)	of which foreign limited liability		(FEI number, if applicable)		
03/01/2007		5.	03/01/2008		
(Date of Org	anization)	,	(Duration: Year limited liability company will exist or "perpetual")	cease t	io o
xx/xx/xxxx					
(I (Se	Date first transacted business in Flee sections 608.501 & 608.502 F.S	orio	da, if prior to registration.) determine penalty liability)		_
,				07	<u> </u>
19657 Wate	rs End Drive, No.	20	05 .	<u> </u>	
Roca Raton	, F1orida 33434			AR	
	·	of	Principal Office)	<del>-8</del> -	
	<u> </u>			330	2
f limited liability com	pany is a manager-managed	co	ompany, check here	WH 10:	٤.
The name and usual bi	usiness addresses of the man	agi	ing members or managers are as follows:	07	=
Cary Buffe	rð				2
Odzą Buric					
19657 Wate	rs End Drive, No.	20	05		
					_
Boca Raton	, Florida 33434				
Attached is an original certifurisdiction under the law of slation of the certificate under	icate of existence, no more than 90	y is mitt	•	-	
Product De	shán	_			
TIOGRES DE	Por Beller	7	<u></u>	<u> </u>	<u> </u>
(In a		.S.,	the execution of this document constitutes that the facts stated herein are true.)		
	Cary Bufferd		<u> </u>		
	Typed or printed	ina	ame 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.

The name of the	he Limited Liability Company is:	
В.1	E.I.I.,LLC	
. The name and	the Florida street address of the registered agent and office are:	
	Cary Bufferd	
-	(Name)	
	19657 Waters End Drive, No.205	
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)	•
	Boca Raton, FL 33434	
_	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.

Cy Bylles (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 "B.E.I.I., 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 MARCH, A.D. 2007.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "B.E.I.I., LLC" WAS FORMED ON THE FIRST DAY OF MARCH, A.D. 2007.

4309574 8300

070366984

Harriet Smith Minden Sanstray of State

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 5543454

DATE: 03-27-07