M07000004083

(Requestor's Name)			
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE ON UNVISION OF CORPORATIONS OF JUL -6 PM 4:29

* BAYAN 7 JUN 25 2007



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Stalker Outsite	nited Liability Company)	
,	ability Company for Authorization to Transact Business in	
	ubmitted to register the above referenced foreign limited	
Please return all correspondence concerning this n	natter to the following:	
Lee Green		
(Na	ame of Person)	
Stalker Outfil		
(Fi	rm/Company)	
_ 3850 NW BO	Ca Ratan Blud suik 5 300 (Address)	
	39 3	
Boca Raton FL (City/Si	33431	
(City/Si	tate and Zip Code)	
For further information concerning this matter, ple	ease call:	
Lee Green	at (561) 544 8910	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
Tananassee, FL 32314	Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\Boxed{1}\$\$125.00 Filing Fee \$\Boxed{1}\$\$130.00 Filing Fee & Certificate of the following amount:	-	



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2007

LEE GREEN STALKER OUTFITTERS LLC 3850 NW BOCA RATON BLVD SUITE 5 BOCA RATON, FL 33431

SUBJECT: STALKER OUTFITTERS LLC

Ref. Number: W07000029883

We have received your document for STALKER OUTFITTERS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include the period of duration, which may be perpetual.

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) 245-6043.

Letter Number: 507A00041489

Joey Bryan Document Specialist iled

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: (Name of Foreign Limited Liability Company) (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date of Organization) (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) Bluck sink 5 Street Address of Principal Office) 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: 3850 NW BOCA Rator Blog St + BOCA Raton pt. 33431 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: Refact 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.) Lee Green

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:	
Stalker Outfitters 11C	
2. The name and the Florida street address of the registered agent and office are:	SECRE DIVISION
Lee Green	1-6 OFF
(Name)	PA SPOS
Florida Street Address (P.O. Box NOT ACCEPTABLE)	orations A 4:29
Boca Raton FL 33496 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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

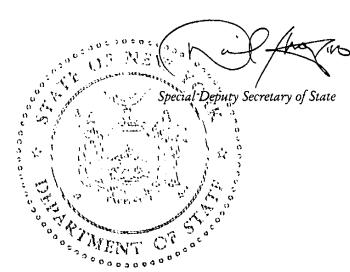
\$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that STALKER OUTFITTERS, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/24/1996, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 07th day of June two thousand and seven.

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