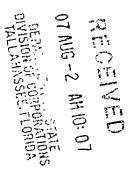
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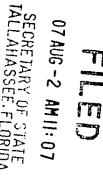
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



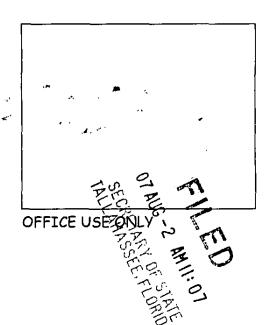
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FLORIDA RESEARCH & FILING SERVICES, ÎNC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. TECOMATE CONSULTING, LLC

CK# 2693

AMOUNT \$625.00 (\$125.00 for this filing)

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS

COVER LETTER

the first of the contract of t	31, - d V 1	
•		
C	imited Liability Company) Jability Company for Authorization to Transact Business in	
	P. C. P.	
TO: Registration Section		
Division of Corporations	The state of the s	
SUBJECT: Tecomate Consulting, LLC		
(Name of L	imited Liability Company)	
·	Opt of the second of the secon	
	statisticy company for i tallionion to 11mm and 2 dos-14-4 in	
	submitted to register the above referenced foreign limited	
liability company to transact business in Florida	••	
Please return all correspondence concerning this	matter to the following:	
1 lease tetum un correspondente contocuring une	matter to the solioning.	
Laurel A. Swope		
(Name of Person)	
,	,	
Baker Donelson Bearman Caldwell	& Reckneitz	
	Firm/Company)	
	rinin Company)	
· ·	·	
420 North 20th Street, Suite 1600		
(Address)		
Circles to a 25003		
Birmingham, AL 35203	0	
(City/	State and Zip Code)	
For further information concerning this matter,	sleeve cell	
FOI IMINOT INTO THE CONCERNING WIS MARKET,	NORDO VIAL.	
Laurel A. Swope	at (205) 250-8383	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
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. Heter on this a. Marco on the management	
\$125.00 Filing Fee \$130.00 Filing Fee Certificate		
Cauncac	or crames copy or sums a carmes copy	

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:

Tecomate Consulting, LLC	inchede "I imited Lightlifty Company "" I C " or " I C "	A
(Name of Poleigh Emissed Labority Company, most	more company, D.E.S., of D.E.S.,	, //
name unavailable, enter alternate name adopted for the pusent of the managers or managing members adopting the mpany," "L.L.C.," "LLC.")	include "Limited Liability Company," "L.L.C.," or "LLC." surpose of transacting business in Florida and attach a copy of the written a alternate name. The alternate name must include "Limited Liability. 3. 26-0501869 [Ity (FEI number, if applicable)	MAIN ON ON ON
Delaware	3. 26-0501869	و ال
(Jurisdiction under the law of which foreign limited liabilicompany is organized)	lity (FEI number, if applicable)	OPTIC
July 10, 2007	2 Leibemai	4
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
(Date first transacted business in (See sections 608.501 & 608.502	n Plorida, if prior to registration.) F.S. to determine penalty liability)	
4300 Legendary Drive, Suite C-204		
Destin, FL 32541		
(Street Add	iress of Principal Office)	
The name and usual business addresses of the n Carl Richard Olson, Jr.	nanaging members or managers are as follows:	
4300 Legendary Drive, Sulle C-204		
Destin, FL 32541		
	190 days old, duly authenticated by the official having custody of records in ocopy is not acceptable. If the certificate is in a foreign language, a submitted.)	
. Nature of business or purposes to be conducted	d or promoted in Florida: Real estate development	
alles		
(In accordance with section 608.408(3	authorized representative of a member. 3), P.S., the execution of this document constitutes porjury that the facts stated herein are true.)	
Carl Richard Olson, Jr.		
Typed or prin	nted name of signee	

1. The name of the Limited Liability Company is:

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.

Tecomate Co	nsulting, LLC		_
If name unav	vailable, the alternate	name to be used in the state of Florida is:	
2. The name	and the Florida stree	t address of the registered agent and office are:	-
	Carl Richard Olson), Jr.	
		(Name)	
	4300 Legendary D		
	Florida	Street Address (P.O. Box NOT ACCEPTABLE)	
	Destin	FL 32541	
	•	City/State/Zip	
liability comp agent and agr relating to the	any at the place designee to act in this capace proper and completed my position as registed.	gent and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as registe city. I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and accept the ered agent as provided for in Chapter 608, Florida Statutes.	red

\$ 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 MINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TECOMATE CONSULTING, 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 THIRTIETH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TECOMATE CONSULTING, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2007.

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

4386550 8300 070866751



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5883793

DATE: 07-30-07