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SECRETARY OF STATE
TALLAHASSEE, FIORBIE



ACCOUNT NO. : 072100000032

REFERENCE : 040219

98373A

AUTHORIZATION :

COST LIMIT

ORDER DATE: August 3, 2007

ORDER TIME : 12:16 PM

ORDER NO. : 040219-005

CUSTOMER NO: 98373A

#### FOREIGN FILINGS

NAME: STOAM FLORIDA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER: '\_\_\_\_

### 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:

	OMPANYTO TRANSACT BUSINESS IN I					
1. STOAM FLC	ORIDA, LLC ign Limited Liability Company; must i	nclude '	"Limited Liability Com	pany""L.L.C.	or "LLC")	_
(1,4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	.g. a.m.ou ziuomoj Company, must k		Similed Billeting Com	puny, <i>D.D.</i> C.,	01 220. )	
(If name unavailable, consent of the manage Company," "L.L.C.,"	enter alternate name adopted for the purers or managing members adopting the "LLC.")	irpose o alternat	f transacting business i e name. The alternate n	n Florida and att ame must includ	ach a copy of the "Limited Lia	 ne written bility
2. Delaware		3.			FE S	_
(Jurisdiction under to company is organized	the law of which foreign limited liabili ed)	ty	( FEI num	ber, if applicable	BEAR 6	
4. 08/02/2007		5. I	Perpetual		AST 3	
(Date	e of Organization)		(Duration: Year limite exist or "perpetual")	d liability compa	- mo =	
6					-12 S	2: 45
	(Date first transacted business in (See sections 608.501 & 608.502	ı Florida F.S. to o	a, if prior to registratior determine penalty liabil	ı.) ity)	RIO	J
7. c/o C. Christi	ian Sautter Esq., 2850 N. Ar	ndrew	s Ave., Ft. Laud	erdale, FL 3	3311	_
	(Street Addr	ess of P	rincipal Office)			_
8. If limited liabili	ity company is a manager-manag	ged cor	mpany, check here			
9. The name and u	usual business addresses of the m	nanagir	ng members or man	agers are as fo	ollows:	
Joe Wright an	nd Patrick Clawson,				-	
c/o C. Christi	ian Sautter, Esq., 2850 N. A	ndrev	v Ave., Ft. Laude	erdale, FL 3	3311	
		··-·				_
the jurisdiction under th	inal certificate of existence, no more than ne law of which it is organized. (A photo cate under oath of the translator must be s	copy is r	not acceptable. If the cer			
11. Nature of busin	ness or purposes to be conducted	d or pro	omoted in Florida:	Any and all	l lawful	_
business in Fl	orida.					<b>_</b> •
	/s/ C.Christian Saut	ter				
	Signature of a member or an (In accordance with section 608.408(3 an affirmation under the penalties of C. Christian Sautter, Esc.	l), F.S., tl perjury tl	he execution of this docur	nent constitutes		

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.

	e Limited Liability Company is:
STOAM FLOR	IDA, LLC
If name unavailab	le, the alternate name to be used in the state of Florida is:
2. The name and	the Florida street address of the registered agent and office are:
C	C. Christian Sautter, Esq.
	(Name)
2	850 N. Andrews Ave.
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)
F	t. Lauderdale <sub>FL</sub> 33311
_	City/State/Zip
liability company a agent and agree to relating to the prop obligations of my p C. Christian Sa	d as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as registered act in this capacity. I further agree to comply with the provisions of all statutes are and complete performance of my duties, and I am familiar with and accept the osition as registered agent as provided for in Chapter 608, Florida Statutes. atter, Esq.  Christian Sautter  (Signature)

Filing Fee for Application

Certified Copy (optional)
Certificate of Status (optional)

Designation of Registered Agent

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STOAM FLORIDA, 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 SECOND DAY OF AUGUST, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STOAM FLORIDA, LLC" WAS FORMED ON THE SECOND DAY OF AUGUST, A.D. 2007.

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

4400799 8300 070882935



Varriet Smita Hinden

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5896625

DATE: 08-02-07