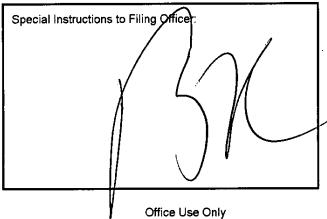
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(Re	Requestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status





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SECRETARY DE STATE OF STA



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE : August 8, 2007

ORDER TIME : 12:17 PM

ORDER NO. : 045859-005

CUSTOMER NO: 5018754

#### FOREIGN FILINGS

NAME: MENDONCA & SUAREZ, CERTIFIED

PUBLIC ACCOUNTANTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

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:
$M = \{ \{ \{ \{ \{ \{ \} \} \} \} \} \} \}$
1. Mendon ca 5 Duayez, Certified Fublic Tocountants, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")
2. New Teysey (Jurisdiction under the law of which foreign limited liability) (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 7-11-07 5. (Date of Organization) (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1030 Salam Road Uruon NJ 07083
The state of the s
(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:
Christopher Reed Joseph A. Baldomero Jr.
1030 Salem Rd 7000 Boy levard East - Lower Mall
LILL ALT ATAGE CILLOS ATAGE
Union NU 07083 (Suttenberg, NV 07093 (See attached for Ald
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Horounting Firm
Signature of a member or an authorized representative of a member.
(In a cordance with ection 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)
Christopher Reed
Typed or printed name of signee

Helder Mendonca 1030 Salem Road Union, NJ 07083

**Belarmino Suarez** 1030 Salem Road Union, NJ 07083

Amedeo Luongo 1030 Salem Road Union, NJ 07083

Robert D'Uva 1030 Salem Road Union, NJ 07083

#### 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 r	name of the Limited Liability Company is:
Me	ndonca & Suarez, Certified Public Accountants, LLC
If name	unavailable, the alternate name to be used in the state of Florida is:
2. The r	name and the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street  Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FL 32301  City/State/Zip
	City/State-Zip
liability o agent an relating i obligatio	reen named as registered agent and to accept service of process for the above stated limited company at the place designated in this certificate, I hereby accept the appointment as registered d agree to act in this capacity. I further agree to comply with the provisions of all statutes to the proper and complete performance of my duties, and I am familiar with and accept the ns of my position as registered agent as provided for in Chapter 608, Florida Statutes. Testion Service Company
·	(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 JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

### MENDONCA & SUAREZ, CERTIFIED PUBLIC ACCOUNTANTS, LLC 0600304234

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 11, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Helder Mendonca 1030 Salem Road Union, NJ 07083

THE STATE OF THE S

Certification# 111134151

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Offical Seal at Trenton, this 8th day of August, 2007

Bradley Abelow State Treasurer

Verify this certificate at www1.state.nj.us/TYTR\_StandingCert/Verify\_Cert.jsp