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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: COREY JA	AMES LLC nited Liability Company)
(Name of Lim	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:
COREY JA	me_S ame of Person)
) (Na	ame of Person)
COREY)	AMES LLC.
J (Fi	rm/Company)
1475 LAKE Shad	ow Circle #6-203
	(
maitland, Flori (City/Si	OA 32751 tate and Zip Code) ease call: at (321) 262-5676
For further information concerning this matter, ple	tate and Zip Code)
(Name of Person)	at (321) 262-5676 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum \frac{1}{2}\$125.00 Filing Fee & Certificate of	\$155.00 Filing Fee & \$\sum \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIC IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	N
COREY AMES //C	
. COREY SAMES LCC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"	n
ompany," "L.L.C.," "LLC.")	
DE/EWARE 3. 26-062482Z	
. DE/EWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. Z6-06Z 48ZZ (FEI number, if applicable)	
(Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	
exist or "perpetual")	
9-1-07	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
1975 Lake Shadow Circle #6-203, No. 1975 Lake Shadow Circle #6-203, No. 1975 (Street Address of Principal Office)	
Maitland FL 32751	
(Street Address of Principal Office)	: •
. If limited liability company is a manager-managed company, check here	
The name and usual business addresses of the managing members or managers are as follows:	الخيد
COREY James 3	
1475 Lake Shadow Circle #6-203	
MAITLAND, FL 32751	
 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a 	n
enstation of the certificate under oath of the translator must be submitted.)	
1. Nature of business or purposes to be conducted or promoted in Florida:	
REAL Estate, Mortgages, 1099 WORK	
Signature of a momban on the property of the signature of	
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.) CORCY JAMES	
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.

Correy Janes LLC	
If name unavailable, 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:	
CORFY JAMES (Name)	
1475 CARE Shadow Circle #6-203	
maitland FL 32751 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.

\$ 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 "COREY JAMES 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 FIRST DAY OF AUGUST, A.D. 2007.



Warriet Smile Hinden Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5891940

DATE: 08-01-07