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#### **COVER LETTER**

<b>ΓO:</b> Registration Section Division of Corporations
SUBJECT: Conal Holdings LLC (Deleware Series LLC) (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are 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:
Homan d Nyborg  (Name of Person)
(Name of Person)
SECONO PAIL A
(Firm/Company)
(Name of Person)  (Firm/Company)  226 North Nova Rd Suite 307 15 (Address)
(Address) 3 3 3 5 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6
Ormand Beach FL 32174
(City/State and Zip Code)
For further information concerning this matter, please call:
Arman J Nyborg at (907) 229 3902 (Name of Person) (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:  \$\infty\$\$\$125.00 \text{Filing Fee}\$\$\$130.00 \text{Filing Fee & \$\sum_\$\$155.00 \text{Filing Fee & \$\sum_\$\$160.00 \text{Filing Fee, Certificate}\$\$\$\$\$Certificate of Status & Certified Copy of Status & Certified 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:
1. Conal Holdings LLC (Delewere Series LLC) (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," E.E.C., of EEC. )
(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. Deleware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 208 808 593 (FEI number, if applicable)
4. 04/05/2007  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
(Jurisdiction under the law of which foreign limited liability company is organized)  4. 04 05 2007  (Date of Organization)  (Date of Organization)  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. ZZG North Nova Rd Svite 307 第8
Ormon & Beach FL 32174  (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:
226 North Nova Rd Suite 307
Ormand Beach FL 32174
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: Kental
Real Estate
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.)
Armand Nyborg
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:	
Conal Holdings LLC (Deleware Series	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:	07 l
Armand Nyborg (Name)	TAUG 17 1 SECHICES
776 North Nova Road Suite 30 Florida Street Address (P.O. Box NOT ACCEPTABLE)	AM 10: 50
Ormand Beach FL 32174 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)

PAGE 1

# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONAL HOLDINGS 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 FIFTEENTH DAY OF AUGUST, A.D. 2007.

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

4329771 8300 070922947



Warriet Smile Handson AUTHENSTERATION ON COST 284 80 State

DATE: 08-15-07

070922947