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(R	equestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(В	usiness Entity Name)
(D	ocument Number)
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Special Instructions to	Filing Officer:
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2007 SEP -4 P 2: 48
SECRETARY OF STATE
ALLAHASSEF, FIGURE





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 16, 2007

BRIAN T. HAMMOND 4475 DONCASTER DR. ELLICOTT CITY, MD 21043

SUBJECT: BEDFORD, LOUIS & ELLICOTT LLC

Ref. Number: W07000040138

We have received your document for BEDFORD, LOUIS & ELLICOTT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calls (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 407A00049937

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Bedford, Louis & Ellicott LL		G	····	
(Name of Lim	ited Liability	Company)		
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are st liability company to transact business in Florida				
Please return all correspondence concerning this n	natter to the fo	llowing:		
Brian T. Hammond				
(Na	me of Person)		2007 SEP SECRET/ TALLAHA	77
Bedford, Louis & Ellicott LLC		HA SEP		
(Fi	rm/Company)		2001 SEP - U P SECRET/RY OF ALLAHASSEE.F	M
4475 Doncaster Drive	· · · · · · · · · · · · · · · · · · ·		P 2: 48 OF STATE OF STATE OF STATE	
	(Address)		VGII AE 8	
Ellicott City, Maryland 210			***	
(City/St	ate and Zip Co	ode)		
For further information concerning this matter, please call:				
Deena Densmoor	at (410	<u>461-1083</u>		
(Name of Person)		de & Daytime Telep.	hone Number)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET A Division of C Clifton Build 2661 Execut Tallahassee,	Corporations ding ive Center Circle		
Enclosed is a check for the following amount: \$\sum \\$125.00 \text{ Filing Fee} \sum \\$130.00 \text{ Filing Fee & Certificate of }\$	□\$155.00 Fi Status C	ling Fee & □\$160.00 ertified Copy	Filing Fee, Certif of Status & Cert	

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	STATE OF FLORIDA:
1. Bedford, Louis & Ellicott, LLC (Name of Foreign Limited Liability Company; must inclu-	de "L'imited Liability Company " "L C " or "L C ")
(Name of Poleigh Lumbed Liability Company, must mela-	de Limited Liability Company, L.L.C., of LDC.
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")	se of transacting business in Florida and attach a copy of the writtenate name. The alternate name must include "Limited Liability
_{2.} Maryland 3	20-8128029
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. April 14, 2007 (Date of Organization) 5	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
_{6.} September 2007	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.)
7. 4475 Doncaster Drive	to determine penalty liability)
Ellicott City, Maryland 21043	Sign 1
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	iging members or managers are as follows:
Brian T. Hammond	
4475 Doncaster Drive, Ellicott Ci	ity. Maryland 21043
	sy, maryiana 2 10 10
10. Attached is an original certificate of existence, no more tran 90 da the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or	promoted in Florida: BLE is a Consulting Firm that
engages in Marketing, IT/Management cons	sul ting, and Train ing and testing services
	horized representative of a member. S., the execution of this document constitutes ry that the facts stated herein are true.)

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:		
Bedford, Louis & Ellicott 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:	2001 SEP SECRETA TALLAHAS	
Audrey Castellon		<u> </u>
(Name)	SEP -4	
3092 North Fulmer Circle	H H	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	P 2: 48 P STATE F ORIDA	
Tallahassee, FL 32303 _{FL}	> 0	
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.

Audrey (astellon)
(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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BEDFORD, LOUIS & ELLICOTT LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JULY 09, 2007.

Paul B. Anderson Charter Division

Faul B. Under



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097