

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000231432 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone : (850)222-1092

Fax Number

: (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY

Responsive Holdings LLC

Cortificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

9/17/2007

PAGE 01/04

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

IN COMPLIANCE WER NULTERY GRAN			N NORMALIKA)	O REGISTER	A PORGRASI
Responsive Holdings LLC. Name of Foreign Limited Liability	y Company; must includ	ie "Limited Lieblity (Company," "L.L.C	or "LLC."	
(If name unavailable, enter alternate name consent of the managers of managing men	adopted for the purpose there adopting the alter	of transacting During	ess in Florida and : ats name must inci	attach a copy : ude "Limited	X the writing Liability
Company," "L.L.C.," "LLC.")				PE S	
2. Delaware (/wisdiction under the law of which for	alon Harded Hardish 3.	61-1533624	number, if applica		- 1
company is argunized)		γ	monument or address.		- 1
4. June 25, 2007	5.	Perpetual		5	بسب لير
(Date of Organization)		exter or "perpous)	nited liability com	Sen's will peer	× 10
6		<u> </u>		r-U!	<u>5</u>
(See sections 6)	paneted business in Flor 18.501 & 608.502 F.S.	o determine penalty).	inca.) isbility)		لا) لــ
7. 18459 Pines Roulevard, #319	·			777	
Pembroke Pines, Florida 33029	·				
	(Street Address of	(Principal Office)		·	······································
8. If limited liability company is a :	manager-managed c	ompany, check he	Te 🛛		
9. The name and usual business add	iresses of the manag	ping members or n	iausgers are as	follows:	
John D. Machul, 3201 N.E. 183rd 8	Kreet, North Migmi Ro	ech, Florida 33160			
Victor Arocho, 18459 Pines Boulevi	ard, #318, Pembroka	Pinas, Florida 3302	9		
10. Attached is an original cartificate of exists the jurisdiction under the law of which it is on translation of the certificate under onth of the t	resized. (A photocopy i	spotaco ostable . If the	ed by the official h ceptificate is in a f	nanganialy rain langung	oficulting
11. Nature of business or purposes to for which a limited liability company	$\Lambda = \Lambda^{-}$	_	•		
en samming und	includer or an author bendon 602.408(3), F.S., by her panalties of perjury	the execution of this de	sainini considuas	<u>-</u>	
John D. Maghd				_	
Tinff-missing CV symm Grim	Typed or printed na	ine of errice			

PAGE 82/84 ST CORP 03/11/5001 T2:35 82055512T2 --

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 Compa	any is:				
Responsive Holdings LLC					
If name unavailable, the alternate name to be	e used in the state of	Floridz is:			
2. The name and the Florida street address of	of the registered agen	t and office a	re:		_
. ст	Corporation System		Ē	20	
	(Name)		200	2007 S	*:===
1200 South Pine Island Road			با السام المسارك المسارك	SEP	5 1
Florida Street Address (P.O. Box NOT ACCEPTABLE)		177	コ	******	
Plantation	FL	33324		>	
	City/State/Zip		TIPA	Lξ±	

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 Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

FLD5? - 96/22/2007 C Y System Online



DACK T

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RESPONSIVE HOLDINGS LLC" IS DULY PORMED 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 THENTY-FIFTH DAY OF JUNE, A.D. 2007.

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

4377312 8300 070746094



CT CORP

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 5790413

DATE: 06-25-07

09/17/2007 15:32 8502277150