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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MUG MAN DESIGN, LLC		
(Name of Limited Lia	ability Company)	
The enclosed "Application by Foreign Limited Liability C Florida," Certificate of Existence, and check are submitted liability company to transact business in Florida	• •	
Please return all correspondence concerning this matter to	the following:	
Theodore J. Lesiak	·	
(Name of I	Person)	
Oberholtzer, Filous & Lesiak		
(Firm/Con	npany)	
39 Public Square, Suite 201		
(Addre	ess)	
Medina, Ohio 44256		
(City/State and	Zip Code)	
For further information concerning this matter, please cal	l:	
Theodore J. Lesiak at (	330 725-4929	
(Name of Person) (A	Area Code & Daytime Telephone Number)	
MAILING ADDRESS: STR	EET ADDRESS:	
•	Division of Corporations	
	on Building	
	Executive Center Circle thassee, FL 32301	
Enclosed is a check for the following amount:  \$\sum{125.00 Filing Fee}\$ \sum{130.00 Filing Fee & \sum{150.00 Certificate of Status}\$	155.00 Filing Fee & \$\bigcup\$\$160.00 Filing Fee, Certificate 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMI AINT TO TRANSACT DOSINESS IN I	THE STATE OF TEORIDA.
, MUG MAN DESIGN, LLC	
	include "Limited Liability Company," "L.L.C.," or "LLC.")
N/A	
	urpose of transacting business in Florida and attach a copy of the written alternate name. The alternate name must include "Limited Liability
<sub>2.</sub> Ohio	<sub>3.</sub> 20-488-0668
(Jurisdiction under the law of which foreign limited liabili company is organized)	ity (FEI number, if applicable)
4. March 3, 2006	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A	SE(SAL
(Date first transacted business in	n Florida, if prior to registration.) F.S. to determine penalty liability)
7. 226 New Gate Loop	24 AM ASSEE,
Lake Mary, Florida 32746	<b> </b>
(Street Addi	ress of Principal Office)
8. If limited liability company is a manager-manager	ged company, check here
9. The name and usual business addresses of the n	nanaging members or managers are as follows:
Jeffrey Rohe	
Jenney Rone	
226 New Gate Loop	
Lake Mary, Florida 32746	
<u> </u>	n 90 days old, duly authenticated by the official having custody of records in ocopy is not acceptable. If the certificate is in a foreign language, a submitted.)
	. To engage in all lawful act or
11. Nature of business or purposes to be conducte	ed or promoted in Florida: To engage in all lawful act or
activities for which a Limited Liability Company	may be formed under the laws of the State of Florida
	7
(In accordance with section 608.408(	n authorized representative of a member. (3), F.S., the execution of this document constitutes (5) perjury that the facts stated herein are true.)

Typed or printed name of signee

Theodore J. Lesiak

### 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.

If name un	available, the alternate name to be used in the state of Florida is:	
N/A		
2. The nar	ne and the Florida street address of the registered agent and office are:	
,	Jeffrey Rohe	Is <b>o</b>
	(Name)	T SE
•	226 New Gate Loop	SEP 24 ORELANASS
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	LED 4 AMIO: 41 8KI OF STATI SSEE, FLORIC
	Lake Mary, FL 32746	
	Lake Mary, FL 32746 FL	~

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)

# United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MUG MAN DESIGN, LLC, an Ohio Limited Liability Company, Registration Number 1605696, was organized within the State of Ohio on March 03, 2006, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of September, A.D. 2007

Ohio Secretary of State

Validation Number: V2007253S5DD59