## Florida Department of State

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

SECHERSE FIORIDA

#### Jacavi, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, : LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STA	THE FOLLOWING IS SUBMITTED TO REGISTER A POREKEN TEOFFLORIDA:
1. Jacavi, LLC (Name of Porsign Limited Liability Company; must include *	
(If name unavailable, enter elternate name adopted for the purpose of consent of the managers or managing members adopting the alternate Company," "L.L.C.," "L.C.")	transacting business in Plorida and attach a copy of the written name. The alternate name most include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 2	20-5796863 (FRI number, if applicable)
(Date of Organization)	OBTOSTUSI (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing (Date first transacted business in Florida (See sections 608.502 & 608.502 F.S. to d	OBTOGUS  (Duration: Year limited liability company will cease to the personnel.)  if prior to registration.)  atermine pensity liability)
7. 1850 NW 84th Avenue, Sulte 100	
Miami, FL 33126	ディ <b>3</b> で <b>3</b>
(Street Address of Pr 8. If limited liability company is a manager-managed com	
<ol><li>The name and usual business addresses of the managing</li></ol>	g members or managers are as follows:
Rene Garcia, 1850 NW 84th Avenu	e, Sulte 100, Miami, FL 33126
10. Attached is an original certificate of existence, no more than 90 days on the jurisdiction under the law of which it is organized. (A photocopy is not causaltion of the certificate under path of the translator must be submitted.	tacceptable. If the certificate is in a foreign lenguage a
1. Nature of business or purposes to be conducted or pro-	
act or activity permitted under the F	
Signature of a member or an anthori- (In accordance with section 608.408(3), 979., the an estimation under the pensities of penjury tha Daniel Lampert, Autho	execution of this document countitutes a the facts stated herein are true.)
Typed or printed sem	

## 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.

Jacavi, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	<del></del>
2. The name and the Florida street address of the registered agent and office are:	SE SE
BSPA Corporate Services, Inc. (Name)	FILE SECKLIANASSI TALLAHASSI
350 E. Las Olas Blvd., Suite 1000 Florida Street Address (F.O. Box NOT ACCEPTABLE)	pric 豆口
Ft. Lauderdale FL Clty/State/Zip	8: 02 FLORIDA

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.

By: Pobuta James V. P.

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

# Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBBY CERTIFY "JACAVI, 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 FIFTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JACAVI, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

**424**1817 8300 071090992



Herrist Smith Windson, Secretary of State
AUTHENTICATION: 6055067

DATE: 10-05-07