

Oct 15 2007 3:46PM

A 1 A CORPORATE SERVICES

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Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)817-6383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800)494-3124  
Fax Number : (581)485-8888

LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

THE LAST SENTINEL, LLC

RECEIVED

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. THE LAST SENTINEL, LLC

(Name of foreign limited liability company)

2. PENNSYLVANIA(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. \_\_\_\_\_

(FBI number, if applicable)

4. 03/02/2005

(Date of Organization)

5. PERPETUAL(Duration: Year limited liability company will cease to  
exist or "perpetual")

6. \_\_\_\_\_

**UPON QUALIFICATION**

(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.135, F.S.))

7. \_\_\_\_\_

5300 W ATLANTIC AVE STE 700 DELRAY BEACH FL 334845300 W ATLANTIC AVE STE 700 DELRAY BEACH FL 33484

(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:

MGRM THAD PRYOR 5300 W ATLANTIC AVE STE 700 DELRAY BEACH FL 33484MGRM JOSEPH LETZELTER 5300 W ATLANTIC AVE STE 700 DELRAY BEACH FL 33484MGRM JAMES PERRETTY 5300 W ATLANTIC AVE STE 700 DELRAY BEACH FL 33484

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: \_\_\_\_\_

ANY LAWFUL PURPOSE

X

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.)

JOSEPH LETZELTER

Typed or printed name of signer

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**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:

THE LAST SENTINEL, LLC

2. The name and the Florida street address of the registered agent and office are:

JOSEPH LETZELTER

(Name)

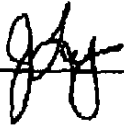
5300 W. ATLANTIC AVENUE

Florida street address (P.O. Box **NOT** ACCEPTABLE)

DELRAY BEACH, FL 33484

(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, F.S.*



(Signature)

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**COMMONWEALTH OF PENNSYLVANIA**

**DEPARTMENT OF STATE**

**OCTOBER 1, 2007**

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

**I DO HEREBY CERTIFY THAT,**

**THE LAST SENTINEL, LLC**

Is duly organized as a Pennsylvania Limited Liability Company under the laws of  
the Commonwealth of Pennsylvania and remains subsisting so far as the records  
of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused  
the Seal of the Secretary's Office to  
be affixed, the day and year above  
written.

*Pedro A. Cortez*  
Secretary of the Commonwealth

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Certification Number: 864R3B0 1  
Verify this certificate online at: <http://www.corporations.state.pa.us/corporations/cvverify.asp>

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