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SECRETARY OF STATE
TALLAHASSEE, FI ORIG

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kelly Linn LLC	
(Name of Lir	nited Liability Company)
11 0	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
Jane Monaco	
(N	ame of Person)
Law Office of Kevan Boyle	es PA
(F	irm/Company)
350 Royal Palm Way, Sui	
	(Address)
Palm Beach, FL 33480	SSEE O
(City/S	State and Zip Code)
For further information concerning this matter, pl	ease call:
Jane Monaco	at (561) 833-2472
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sumsymbol{\sumsymbol{\subsymbol{\sup}\sin\sin\sin\sin\sin\sin\si	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

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:

1. Kelly Linn, LLC (Name of Foreign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of consent of the managers or managing members adopting the alternate Company," "L.L.C.," "LLC.")	e name. The alternate name must include "Limited Liability
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3	36-1239258 (FEI number, if applicable)
(Date of Organization)	Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida (See sections 608.501 & 608.502 F.S. to d	, if prior to registration.) etermine penalty liability)
7. 804 N. Olive Ave., 2nd. Floor	Z _S
West Palm Beach, FL 33401	LAH
8. If limited liability company is a manager-managed con 9. The name and usual business addresses of the managin Steve Linn. STEVEN R. LINN	75 3 17
804 N. Olive Ave. FLOOR Z. West Palm Beach, FL 33401	
10. Attached is an original certificate of existence, no more than 90 days of the jurisdiction under the law of which it is organized. (A photocopy is not translation of the certificate under oath of the translator must be submitted	ot acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or pro	omoted in Florida: All lawful business
Signature of a member or an author (In accordance with section 608.408(3), F.S., the an affirmation under the penalties of perjury the Steve Linn STEVE N	ne execution of this document constitutes

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:	
Kelly Linn 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:	07 NOV
Steve Lina STEVEN R. LINN	V-7
(Name)	
804 N. Olive Ave., 2nd. Floor	PH 12: LI OH STATE EL FLORIDA
Florida Street Address (P.O. Box NOT ACCEPTABLE)	O.75
West Palm Beach, FL 33401	
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.

(Signature)

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

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KELLY LINN, 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2007.

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

O7 NOV -7 PM I2: LI

4430408 8300 071139120



Warriet Smile Windson AUTHENSTITE SMILE CONIDERS OF SANDERS SA

DATE: 10-22-07

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