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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EDEN POINT, LLC			
(Name of Limited	Liability Company)		
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submittability company to transact business in Florida	ity Company for Authorization to Transact Business in itted to register the above referenced foreign limited		
Please return all correspondence concerning this matter	er to the following:		
Cammie Warburton			
(Name	of Person)		
Corporate Direct, Inc.			
	Company)		
(1.112)			
2248 Meridian Boulevard, Suite H			
(Ac	dress)		
Minden, Nevada 89423			
(City/State	and Zip Code)		
For further information concerning this matter, please	call		
promote the state of the state			
Cammie Warburton	at (_775) _284-7162		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
409 E. Gaines Street	P.O. Box 6327		
Tallahassee, Florida 32399 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
☑ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ Certificate of Stat	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate us 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	EDEN POINT, LLC								
	(Name of Foreign Limited Liability Company)								
	Wyoming	3.	(FEI number, if applicable)	· · · <u> </u>		_			
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)						
4.	11/17/2003 (Date of Organization)	5.	perpetual	.91		_			
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")						
6.					-	_			
	(Date first transacted business in F (See sections 608.501 & 608.502 F.)	lori S. te	ida, if prior to registration.) o determine penalty liability)	SE CR	7 NO	T			
7.	60 East Simpson Avenue		HA	£17		Section 1			
	Jackson, Wyoming 83001			0 7x3	ω ≃				
	(Street Addres	s of	Principal Office)	70	ö				
8.	If limited liability company is a manager-manage	d c	ompany, check here 🔽		: 24				
9.	9. The name and usual business addresses of the managing members or managers are as follows:								
	Michael Lechter					_			
	Post Office Box 2869								
	Jackson, Wyoming 83001								
the	Attached is an original certificate of existence, no more than 90 jurisdiction under the law of which it is organized. (A photoconslation of the certificate under oath of the translator must be sub-	рyi	is not acceptable. If the certificate is in a foreign	-		cords in			
11	. Nature of business or purposes to be conducted of	or p	promoted in Florida:			_			
	Hold and many studestments	}				. .			
	White hold								
	Signature of a member or an a (In accordance with section 608.408(3), an affirmation under the penalties of per	F.S.	orized representative of a member. the execution of this document constitutes when the facts stated herein are true.)						
	Michael Lachter	J	,						

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.

2. The nam	ne and the Florida street a	address of the registered agent and office are:	THE STATE OF THE
	Gerri Detweiler		NI.
		(Name)	RY OF STATI
	1037 Greystone Lane		FLO ST
Florida Street Address (P.O. Box NOT ACCEPTABLE)			ATE ATE
	Sarasota	FL 34232	
		City/State/Zip	
liability con agent and a relating to t	npany at the place designa gree to act in this capacity he proper and complete pe	ent and to accept service of process for the above stated in this certificate, I hereby accept the appointmy. I further agree to comply with the provisions of a erformance of my duties, and I am familiar with aneed agent as provided for in Chapter 608, Florida St	nent as registered all statutes d accept the

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

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Eden Point, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 17, 2003**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2003-000457661**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of November, 2007 at 3:51 PM. This certificate is assigned 002028819.



May Malfield Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.