

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Lientese Lind, Feline,
(Document Number)
,
Certified Copies Certificates of Status
0/
Special Instructions to Filing Officer:
1786 114 1071 I
1.67, 111, 0.11
Office Use Only
Office Ose Only
/ , //// /



100111274941

10/31/07--01029--015 **125.00

07 NOV 13 AM 7:57
SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	O'Brien-Patel, LLC DBA Atlant	tic Installation Services	
	(Name o	of Limited Liability Company)	
Florida," Cei	l "Application by Foreign Limit tificate of Existence, and check pany to transact business in Flor	ed Liability Company for Authorization to Transact l are submitted to register the above referenced foreig rida	Business in n limited
Please return	all correspondence concerning	this matter to the following:	9
	John Phillip O'Brien		SECHEL SECHE
		(Name of Person)	
	Atlantic Installation Service	9S	FLO FLO
		(Firm/Company)	PAGE A
	28 SE 23rd Ave Suite 2		
		(Address)	
	Pompano Beach, FL 33		
	(C	ity/State and Zip Code)	
For further ir	formation concerning this matte	er, please call:	
Johr	Phillip O'Brien	at (954) 788-7471	
	(Name of Person)	(Area Code & Daytime Telephone Number	:r)
Divis	LING ADDRESS: ion of Corporations Box 6327	STREET ADDRESS: Division of Corporations Clifton Building	
Tallal	nassce, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount 5.00 Filing Fee \$\square\$	Fee & \$\Bigsim \$155.00 Filing Fee & \$\Bigsim \$160.00 Filing Fee, C	ertificate Certified Copy



November 1, 2007

JOHN PHILLIP O'BRIEN 28 SE 23RD AVE STE 2S POMPANO BEACH, FL 33062

SUBJECT: O'BRIEN-PATEL, LLC Ref. Number: W07000054086

We have received your document for O'BRIEN-PATEL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 407A00063938

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 LIARILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	ign Limited Liability Company)
lorth Carolina	3 51-06 <u>2</u> 5889
urisdiction under the law of which foreign limit ompany is organized)	ited liability (FEI number, if applicable)
02/16/2007	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
04/06/2007	· ,
(Date first transacted by	ousiness in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability)
220 Fern Forest Drive	
Raleigh, NC	T.
	rect Address of Principal Office)
	er-managed company, check here
The name and usual business addresses	of the managing members or managers are as follows: Brien, 220 Ferr Forest Dr. Raleigh
The name and usual business addresses of the Philip O'R	of the managing members or managers are as follows: Briew, 220 Ferw Forest Dr. Ra leight more than 90 days old, duly authenticated by the official having custody of reck (A photocopy is not acceptable. If the certificate is in a foreign language, a
The name and usual business addresses of the Chilip O's Attached is an original certificate of existence, no maintain of the certificate under outh of the translator	of the managing members or managers are as follows: Briew, 220 Ferw Forest Dr. Ra leight more than 90 days old, duly authenticated by the official having custody of reck (A photocopy is not acceptable. If the certificate is in a foreign language, a
Attached is an original certificate of existence, no ministration under the law of which it is organized. Nature of business or purposes to be co	of the managing members or managers are as follows: Briew, 220 Ferry Forest Dr. Ra leight more than 90 days old, duly authenticated by the official having custody of reco (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)
Attached is an original certificate of existence, no ministration under the law of which it is organized. Nature of business or purposes to be co	of the managing members or managers are as follows: Briew, 220 Ferry Forest Dr. Ra leight more than 90 days old, duly authenticated by the official having custody of reco (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted) onducted or promoted in Florida: Establish a satellite office for

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:	
O'Brien-Patel, LLC	071
2. The name and the Florida street address of the registered agent and office are:	NOV 13
John Phillip O'Brien	Fig. 3
(Name)	7:5:
28 SE 23rd Ave Suite 2S	Om -
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Pompano Beach, FL 33062 City/State/Zip	
ony () and a p	

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)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

O'BRIEN-PATEL, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 16th day of February, 2007, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of October, 2007.

Elaine I. Marshall

Secretary of State