M0800000315

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: L. SELLERS
JAN 1 8 2008
EXAMINER

Office Use Only



000113068340

12/14/07--01007--012 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	_	stration Section ion of Corporations						
SHRJ	IECT:	David Martin Associat	tes LLC dba Gem Global	adjoinance o see si				
0000	(Name of Limited Liability Company)							
Florid	ia," Cei		aited Liability Company for Authorization to Track are submitted to register the above referenced orida					
Please	e return	all correspondence concernin	ng this matter to the following:					
		David Cassese						
			(Name of Person)					
•	•	David Martin Associa	ites LLC dba Gem Global					
			(Firm/Company)	******				
		823 Spring Park Loop	р					
			(Address)					
		Celebration, FL 3474	47					
			(City/State and Zip Code)					
For fi	urther is	nformation concerning this ma	atter, please call:					
	Dav	id Cassese	at (407) 288-3490					
		(Name of Person)	(Area Code & Daytime Telephone	Number)				
	MAI	LING ADDRESS:	STREET ADDRESS:					
Division of Corporations			Division of Corporations					
		Box 6327	Clifton Building					
	ı anıa	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301					
Enclo		a check for the following amou 25.00 Filing Fee \$130.00 Filin Cert	ng Fee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filin	g Fee, Certificate latus & Certified Copy				



December 17, 2007

DAVID CASSESE 823 SPRING PARK LOOP CELEBRATION, FL 34747

SUBJECT: DAVID MARTIN ASSOCIATES LLC

Ref. Number: W0700060831

We have received your document for DAVID MARTIN ASSOCIATES 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6967.

Letter Number: 307A00070334

Leslie Sellers Regulatory Specialist II

Division of Cornerations - P.O. ROY 6327 - Tallahasson, Florida 32314

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			ciates LLC						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Nam	e of Foreig	n Limited	Liability Comp	any; must includ	ide "Lii	nited Liability	Company,"	"L.L.C.," (or "LLC.	")
(If name una consent of th Company,"	e manager	s or manag	ate name adopte	d for the purpose dopting the altern	se of tra	ansacting busin	ess in Flori ate name m	da and attacust include	ch a copy "Limited	of the writter d Liability
₂ New J	lersey			3	51	-0445032	2			
(Jurisdicti	on under this organize	e law of v	vhich foreign lir	nited liability	·	(FEI	number, if	applicable	;)	
4. Janua				5.	, pe	rpetual				
	(Date	of Organi	zation)		(D ex	uration: Year list or "perpetua	mited liabi l")	lity compar	ıy will ce	ase to
6. No tra	ansacti									
		(Date (See se	e first transacted ections 608.501	business in Flor & 608.502 F.S. t	orida, if . to dete	f prior to regist ermine penalty	ration.) liability)			
7. <u>823 S</u>	Spring	Park L	oop, Cele	bration FL	L 34	747				
			(Street Address o	of Prin	cipal Office)				
8. If limite	ed liabilit	y compa	ny is a mana	ger-managed o	comp	any, check h	ere 🔲			
9. The nar	me and us	sual busi	ness addresse	s of the mana	aging	members or	managers	are as fo	llows:	
823 \$	Spring	Park L	oop, Cele	bration FL	L 34	1747				
Da	vid	М.	Casses	e_						
1										
the jurisdiction translation of	on under the f the certific	elaw of whate under o	nich it is organize ath of the transla	o more than 90 da ed. (A photocopy tor must be subm	y is not mitted.)	acceptable. If t	ne certificate	is in a fore	ign langu	nage, a
11. Natur	e of busir	ess or p	arposes to be	conducted or	r pron	noted in Flor	ida: Coi	nsulting	Ser	<u>/ices</u>
				20	5/	10				 ·
		(In acco	ordance with secti	nber or an autlion 608.408(3), F.S. penalties of perjur	.S., the	execution of this	document co	onstitutes	SECRE	2008 JA

Typed or printed name of signee

JAN 17 PM 3:3

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:
David Marti	n Associates LLC dba Gem Global
If name unavail	able, the alternate name to be used in the state of Florida is:
2. The name ar	nd the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahasse, FL 32301 FL
	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.

Ann R. Shilling, Assistant VP

\$ 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 NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

DAVID MARTIN ASSOCIATES, LLC

0600160583

With the Previous or Alternate Name

GEM GLOBAL (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 28, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Corporation Service Company 830 Bear Tavern Road West Trenton, NJ 08628 0000



Certification# 111393442

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Offical Seal at Trenton, this 10th day of December, 2007

Michelles

Michellene Davis
Acting State Treasurer

Verify this certificate at https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp