(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Futth Noves)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
Fan.

Office Use Only



400116311204

01/30/08--01011--018 **125.00

G. MCLEOD

JAN 31.2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ultimate Lounge Cha	ir, LLC
(Name of	Limited Liability Company)
	Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited da
Please return all correspondence concerning th	is matter to the following:
Howard Cohan	
	(Name of Person)
Ultimate Lounge Cha	air, LLC
	(Firm/Company)
508-1 NE 7th Avenu	
	(Address)
Fort Lauderdale, FL	33301
(Cit	y/State and Zip Code)
For further information concerning this matter	, please call:
Howard Cohan	at (561) 350-9406
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sumsymbol{I}\$\$125.00 Filing Fee \$\sumsymbol{\sumsymbol{\subsymbol{S}}}\$\$130.00 Filing Fe Certification Cert	te & \$\sum_\$155.00 Filing Fee & \$\sum_\$160.00 Filing Fee, Certificate are of Status & 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.	Ultimate Lounge Chair, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	.")	_
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copposent of the managers or managing members adopting the alternate name. The alternate name must include "Limite company," "L.L.C.," "LLC.")	y of the	– e writte ility
2.	Delaware (Jurisdiction under the law of which foreign limited liability) 3. (FEI number, if applicable)		_
	company is organized)		
4.			_
	(Date of Organization) (Duration: Year limited liability company will consist or "perpetual")	ease to	
6.	Not Yet		_
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	80	¥š
7.	508-1 NE 7th Avenue	JAN 30	SE
	Fort Lauderdale, FL 33301	30	PAR C
	(Street Address of Principal Office)	¥	-03P
8.	If limited liability company is a manager-managed company, check here	1 1: 53	PORATI
9.	The name and usual business addresses of the managing members or managers are as follows:		Z
	Howard Cohan, 508-1 NE 7th Avenue, Fort Lauderdale, FL 33301		
	Christine Paloni, 508-1 NE 7th Avenue, Fort Lauderdale, Fl 33301		_
			_
ĺκ). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custo e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languarislation of the certificate under oath of the translator must be submitted.)		ecords in
1 1	Nature of business or purposes to be conducted or promoted in Florida: Sales	·	_
	Alde		 •
	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.)		

Howard Cohan, Managing Member
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:		
Ultimate	Lounge Chair, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:			
2. The name an	d the Florida street address of the registered agent and office are:		
	Howard Cohan		
	(Name)		
	508-1 NE 7th Avenue		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Fort Lauderdale FL 3330		
	City/State/Zip		
liability company agent and agree relating to the pr	med as registered agent and to accept service of process for the above stated limited of at the place designated in this certificate, I hereby accept the appointment as registere to act in this capacity. I further agree to comply with the provisions of all statutes oper and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)		

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00 \$ 5.00

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ULTIMATE LOUNGE CHAIR, 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-THIRD DAY OF JANUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ULTIMATE LOUNGE CHAIR, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Window Secretary of State

AUTHENTICATION: 6330798

DATE: 01-23-08

4007523 8300

080073984