Florida Department of State

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Alisan LLC

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EXAMINER

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

•	ALISAN I					
(Name of Fo	oreign Limited Lial	bility Company)				
DELAWARE Jurisdiction under the law of which foreign li	3.					
Jurisdiction under the law of which foreign li ompany is organized)	imited liability	(FEI	number, if ap	plicable)	······································
01/22/2008	5.		PERPETU	AL	5	25
(Date of Organization)		(Duration: Year li exist or "perpetual	mited liability ")	compan		A HAR
	N/A				F.	
(Date first transacte (See sections 608.501	& 608.502 F.S. to	determine penalty I	ition.) iability)		RY O	27 A
185 N	NW SPANISH RI	VER BLVD #100			- N	三主
BOCA RATON		FL		33431	유국	ထ်
	(Street Address of	Principal Office)	· ·		<u> </u>	S. C.
• • •	es of the manag	ing members or r				3431
If limited liability company is a mana The name and usual business addresse KINSAN MANAGEMENT CORP. 185 NW	es of the manag	ing members or r	nanagers ar		lows:	
The name and usual business addresse	es of the manag V SPANISH RIVER no more than 90 day ed. (A photocopy is	ing members or r BLVD #100 Be	nanagers ar	ial havi	llows:	3431
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Kinsan Management Corp., a Delaware corporation

Typed or printed name of signee

(((H080000787203)))

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.

. The name of the Limited Liability Compar	ıy is: J ISAN LLÇ	·	
2. The name and the Florida street address of	`the registered	agent and office are:	SEC TALL
National Corpo	AAR AHAR		
	R 27 TARY ASSI		
515 E:	ast Park Aven	ue	7 AM
Florida Street Address (P.O. Box NOT ACCEPTABLE)			TLOR STA
Tallahassee	FL	32301	8: 55 STATE LORIDA
	City/State/Zip		-
faving been named as registered agent and to itability company at the place designated in this gent and agree to act in this capacity. I furthe elating to the proper and complete performance bligations of my position as registered agent at the latest and latest agent ag	s certificate, I h r agree to com ce of my duties,	pereby accept the appointm ply with the provisions of and I am familiar with ar	nent as registere all statutes nd accept the
(Signer Name and Title)			
\$ 100.00	Filing Fee for	Application	

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\$ 30.00

5.00

\$ 25.00 Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

(((H08000078720 3))) -

Delaware

DACF 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALISAN 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-SEVENTH DAY OF MARCH, A.D. 2008.

AND I DO BEREBY FURTHER CERTIFY THAT THE SAID "ALISAN LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF JANUARY, A.D. 2008.

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

2008 MAR 27 AM 8: 55
SECRETARY OF STATE
TALLAHASSEE F.

4492320 8300

080363229

You may verify this certificate onl

Varriet Smile Hindra

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6481314

DATE: 03-27-08