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(Red	questor's Name)
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PICK-UP	MAIL MAIL
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(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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SECRETARY OF STATE
SECRETARY OF STATE



March 27, 2008

JASON COHEN 2706 NW 72 AVE MIAMI, FL 33122

SUBJECT: THE PERFECT CONNECTION GROUP LLC

Ref. Number: W08000014202

We have received your document for THE PERFECT CONNECTION GROUP LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the name of Managing Member in #9. The Certificate of Good Standing is not acceptable. Send the regular size certificate.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered 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) 245-6067.

Letter Number: 808A00016285

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

 $i\mathcal{J}_{\alpha}=(X_{\alpha})$

TO: Registration Section Division of Corporations

SUBJECT: The Perfect Connection Grove LLC. (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Jason Cohen
Jasan Cohen (Name of Person)
The perfect Connection Grup LLC (Firm/Company)
(Firm/Company)
2706 NV DAC (Address)
(Address)
Migmi FL 33/22 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Tajan Cohen at (355) 639-2414 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 STREET ADDRESS: Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \text{Filing Fee & D\$155.00 Filing Fee & D\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy \$\sum_{125.00}\$ \text{Filing Fee & D\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy}

APPLICATION BY FOREIGN LIMITED L'IABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Cor	mpany," "L.L.C.," "LLC.")
2.	Jurisdiction under the law of which foreign limited liability company is organized) 3. 76 - 0847562 (FEI number, if applicable)
(company is organized)
4.	(Date of Organization) 5.
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	167-41 141 APC
• •	
	Jamaica, NV 11434 (Street Address of Principal Office)
8	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	167-41 147 gre Mousa BUKGI / Victor KUKGI
	167-41 147 Are Mousa Bukai /victor Ruka; Jamana, M 11484
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a saltion of the certificate under oath of the translator must be submitted.)
11.	. Nature of business or purposes to be conducted or promoted in Florida: Wholesale fe livler
	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.)
	Jam Cohen

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:
The prefect Corpecting Grap LLC
If name unavailable, the alternate name to be used in the state of Florida is:
Perfect Connection
2. The name and the Florida street address of the registered agent and office are:
action of the second section of the section of
alle Man Da Dave Jason Cohen o
(Name)
2706 NW 72 AVR
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Mfam(FL 331) City/State/Zip
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.

(Signature)

\$ 100.00 F \$ 25.00 D \$ 30.00 C

\$ 5.00

Filing Fee for Application
Designation of Registered Agent
Certified Copy (optional)
Certificate of Status (optional)

-87.5

ATTN: Dak White

State of New York Department of State 3 ss:

I hereby certify, that THE PERPECT CONNECTION GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/08/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

Tofurther certify, that no other documents have been filed by such binited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 31st day of January two thousand and eight.

Daniel Shapiro

Special Deputy Secretary of State

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