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**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Cerastes, LLC. (Name of Li	imited Liability Company)	_		
The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are liability company to transact business in Florida.	submitted to register the above reference			
Please return all correspondence concerning this	matter to the following:			
George Sundborg				
1)	Name of Person)			
Ophrys, LLC.				
(F	Firm/Company)			
2001 Western Ave., Ste.	430	SEC	2000	
	(Address)	RE TAR AHAS:	MAY	Strenger erhenerer g g
Seattle, WA 98121		.Y.0	о - о	
(City/S) For further information concerning this matter, p	State and Zip Code) lease call:	FLORIDA	2008 MAY 16 PM 12: 55	emerada Tipo p
George Sundborg	at ( 206) 493.1554	<b></b>		
(Name of Person)	(Area Code & Daytime Telephone	Numbe	r)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate of the following amount:}	<del>-</del>	ng Fee, Ce Status & C		

### 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:

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "I	z.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida consent of the managers or managing members adopting the alternate name. The alternate name mus Company," "L.L.C.," "LLC.")	and attach a copy of the written t include "Limited Liability
2. Delaware 3. 26-2015524	
(Jurisdiction under the law of which foreign limited liability (FEI number, if agreempany is organized)	plicable)
4. April 24th, 2007 5. Perpetual	
(Date of Organization) (Duration: Year limited liability exist or "perpetual")	company will cease to
6. Upon registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	200 SE TAL
7. 2001 Western Ave., Ste. 430	2008 HAY SECRETA
Seattle, WA 98121	ASS.
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here 🗸	PM 12:
9. The name and usual business addresses of the managing members or managers ar	55 S
Member & Manager Ophrys, LLC., 2001 Western Ave., Ste. 430,	Seattle, WA 98121
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offic	cial having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in	
ranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	<del></del>
Purchase, sale and servicing of debt.	<u>.</u>
Vienna a Showing	
Signature of a member or an authorized representative of a me	
(In accordance with section 608.408(3), F.S., the execution of this document consti an affirmation under the penalties of perjury that the facts stated herein are true.)	tutes

Theresa A. Grosvenor, Secretary of Its Member, Ophrys, LLC.

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:	
Cerastes, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	Z008 MAY SECRETA TALLAHA
CT Corporation System	ARE A
(Name)	SSIR TO
1200 South Pine Island Road	mo R
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PHI2: 55 OF STATE ORIDA
Plantation <sub>FL</sub>	<b>&gt;</b>
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.

Molly Sockey

(Signature)

Molly Yockey

Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CERASTES, 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 FOURTEENTH DAY OF APRIL, A.D. 2008.

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NO STATE OF THE PARTY OF THE PA

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6522749

DATE: 04-14-08

You may verify this certificate online at corp.delaware.gov/authver.shtml