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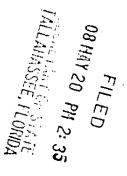
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EXAMINER



FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 OFFICE USE ONLY THE DAY.

WALK-IN

ENTITY NAME:

MELENA, LLC

CK# 3311

AMOUNT \$125.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

____ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Melena, LLC	
(Name of Limit	ted Liability Company)
	pility Company for Authorization to Transact Business in pmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
Inna Vigdorchik	ne of Person) LLP m/Company)
(Nar	ne of Person)
Lerman Law Partners, I	LLP
(Fīri	m/Company)
802 B Street	
((Address)
San Rafael, CA 94901	(17'- C-1)
(City/Str	ate and Zip Code)
For further information concerning this matter, plea	ase call:
Inna Vigdorchik	_at (415) 454-0455 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum_\$125.00 Filing Fee \$\sum_\$130.00 Filing Fee & Certificate of	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate

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. Melena, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
4. September 8, 2005 5. perpetual (Distribut Vers limited liability company will cease to
May 19, 2008
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 802 B Street
San Rafael, CA 94901
(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: Jeffrey H. Lerman
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Real estate
investment
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.) Jeffrey H. Lerman

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.

.C		
ble, the alternate na	me to be used in the stat	e of Florida is:
the Florida street a	ddress of the registered	agent and office are:
NRAI SE	RVIES, INC	
WESTON	FL	33331
1	the Florida street a NRAI SE 2731 EX	the Florida street address of the registered SERVICES INC (Name) 2131 EXECUTIVE PARK Florida Street Address (P.O. Box NO

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)

The same of the Limited Linkillia, Comment in

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

PAGE

Delaware

The First State

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

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

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID SERIES LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MELENA LLC" WAS FORMED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2005.

4027075 8300

080470683

Varriet Smith Hindson

AUTHENTICATION: 6547942

DATE: 04-25-08