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#### Florida Department of State

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Achipse L.L.C.

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## H080001442543

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Aclipse L.L.C.					
	(Name of foreign limited liability company)					
2.	Georgia 3. 01-0780908					
~ (	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)					
4.	5/1/2003 5. Picostual					
	(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	to ·				
6.	1-1-08	<u> </u>				
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)					
7. 2187 Northlake Parkway Suite 21, Stone Mountain, Georgia 30084						
	(Street address of principal office)					
8.	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:	HASS	1- NOF 80			
	Talighia Stillwell, 12553 Ballington Ter, Winter Garden, Florida 34787	Ħ <sup>™</sup>	5 AH			
	James Stillwell, 12553 Dallington Ter, Winter Garden, Florida 34787					
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		<b>S</b> m	Ġ,			
	·					
••						
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lang		e en			
	translation of the certificate under oath of the translator must be submitted.)	haden a				
11	. Nature of business or purposes to be conducted or promoted in Florida:					
	•					
	Marketing					
	Taliahia Sollad					
	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.)					
	Talighia Stillwell, Member	•				
	Typed or printed name of signee					

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#### HOP66041225U3

# 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.

Aclipse L.L	ne of the Limited Liability  .C	Company is:			
2. The nan	ne and the Florida street a	ddress of the registered agent and office are:	:	···	
,	James Stillwell				
		(Name)		<b></b>	
	7512 Drive Phillips B		····	OB JUN SECRET	
	LIOLKIY 2	treet address (P.O. Box NOT ACCEPTABLE)		SSE -6	<u> </u>
	Orlando,	FL 32819			
	(City/State/Zlp)			STATE ORIDA	

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, F.S.

James Stillwell
(Signature)

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

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Control No. 0322595

# STATE OF GEORGIA

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## CERTIFICATE OF

### **EXISTENCE**

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### ACLIPSE L.L.C.

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 05/01/2003 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 15th day of May, 2008

Karen C Handel -Secretary of State

Laven C. Handel

Certification Number: 2916663-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskh/verify.asp