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SECRETARY OF STATE

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M. THOMAS

JUL 1 5 2008

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Direct Enterprises, LLC		
(Name of Limit	ted Liability Company)	
	pility Company for Authorization to Transact Business in comitted to register the above referenced foreign limited	
Please return all correspondence concerning this ma	atter to the following:	
DeAnna Montemayor		
(Nan	ne of Person)	
Wyoming Corporate Service	ne of Person)	
(Firm/Company)		
(*	iii company)	
2710 Thomes Avenue		
(	Address)	
Cheyenne, WY 82001		
(City/State and Zip Code)		
For further information concerning this matter, plea	se call:	
DeAnna Montemayor	_at ( 307 ) 632-3333	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	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} \sum \\$\$\sum \\$130.00 \text{ Filing Fee & Certificate of S}\$	\$155.00 Filing Fee & \$\Bigcup\$\$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. Direct Enterprises, LLC  (Name of Foreign Limited Liability Company; must include	
(Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
<sub>2.</sub> Wyoming 3	26-2897367
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 12/21/07 5	30 years
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	<u> </u>
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 2710 Thomes Avenue, Suite 936	
Cheyenne, WY 82001	E.S.
(Street Address of	of Principal Office)
8. If limited liability company is a manager-managed	company, check here 🗸
9. The name and usual business addresses of the mana	nging members or managers are as follows:
Edge Financial, Inc.	
	2004
2710 Thomes Ave. Cheyenne, WY 82	2001
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subm	nitted.)
11. Nature of business or purposes to be conducted or	Any lawful purpose &
Les	
Cianatina of a mombar or an au	thorized representative of a member

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.)

Gerald Pitts, On Behalf of Edge Financial, Inc.

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:	
Direct Enterprises, 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:	
Business Filings Incorporated	最多
(Name)	Dr. 39
1203 Governors Square Blvd. Suite 101	<b>B</b> M
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee, FL 32301 FL	
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.

Brennos Mounty asst Secretary for Business Filings Incorproted

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

## STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### Direct Enterprises, LLC

#### is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 21, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000547784**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of July, 2008 at 1:14 PM. This certificate is assigned 003227620.



Max Massiele Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.