# M08000004725

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
| (Address)                               |  |  |  |
| (Address)                               |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
| (Business Entity Name)                  |  |  |  |
|   |  |  |  |
| (Document Number)                       |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| W08-44893                               |  |  |  |

Office Use Only

A. LUNT

OCT 24 :008

**EXAMINER** 



500136193465

09/26/08--01016--021 \*\*160.00



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2008

WILLIAM HOWERY P.O. BOX 621 CLEARWATER, FL 33757

SUBJECT: MARKET EDGE CONSULTANTS LLC

Ref. Number: W08000044893

FILED
2008 OCT 23 PM 1: 12
SECRETARSEE, FLORIBA

We have received your document for MARKET EDGE CONSULTANTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must contain the names and street addresses of the members or managers of the limited liability company.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 508A00051915

#### **COVER LETTER**

| •              | ration Section on of Corporations  |
|----------------|--|
| SUBJECT: _     | MARKET EDGE CONSULTANTS LLC.   |
|                | (Name of Limited Liability Company)  |
| Florida," Cert | "Application by Foreign Limited Liability Company for Authorization to Transact Business in ificate of Existence, and check are submitted to register the above referenced foreign limited any to transact business in Florida |
| Please return  | WILLIAM HOWERY   |
|                | WILLIAM HOWERY 23  |
|                | (Name of Person)  MARKET EDGE CONSULTANTS LLC RATE (Firm/Company)  MAILING: P.D BOX 121  CLEARWATER, FL.   |
|                | MARKET EDGE CONSULTANTS LLC SET  |
|                | (Firm/Company) MAILING: P.D BOX 121  |
|                | CLEAKWATER IFL.  |
|                | TO 19 STA TAKE   |
|                | (Address)  |
|                | DUNFOIN FL. 34698  |
|                | (City/State and Zip Code)  |
| For further in | formation concerning this matter, please call:   |
| WILL           | (Name of Person) (Area Code & Daytime Telephone Number)  |
| •              | (Name of Person) (Area Code & Daytime Telephone Number)  |
| MAIL           | ING ADDRESS: STREET ADDRESS:   |
|                | on of Corporations Division of Corporations  |
|                | Sox 6327 Clifton Building  |
| Tallah         | assee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301   |
|                | check for the following amount:  .00 Filing Fee \$\Bigsquare{1}\$130.00 Filing Fee & \Bigsquare{1}\$155.00 Filing Fee & \Bigsquare{1}\$160.00 Filing Fee, Certificate  Certificate of Status Certified Copy  Certificate Copy  |

#### 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: MARKET EDGE CONSULTANTS 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.") 1P# 2007-00054Z145 (Jurisdiction under the law of which foreign limited liability company is organized) ( FEI number, if applicable) 120 2007 (Date of Organization) PERPETVAL
(Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
See sections 608.501 & 608.502 F.S. to determine penalty liability) 1075 SAN MATEO DRIVE DUNEON 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 WILLIAM HOWERY PRESIDENT SAN MATEO DRIVE DUNEDIN 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: MARKETING CONSULTING SETTVICES / INVESTOR RELATIONS SERVICES 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.) WILLIAM T. HOWERY

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:                                   |                          |     |
|--|--------------------------|-----|
| MARKET EDGE CONSULTANTS LLC  | •                        | _   |
| If name unavailable, the alternate name to be used in the state of Florida is:     | í                        |     |
| 2. The name and the Florida street address of the registered agent and office are: | 2008 OCT<br>SECRET       | 7   |
| William T. Howery  | 23 PM                    | LED |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   | 1: 12<br>STATE<br>LORIDA |     |
| DUNEDIN FL 34698  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.

W wil (Signature)

\$ 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,

# Market Edge Consultants LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 20, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000542145**.

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 22nd day of October, 2008 at 12:41 PM. This certificate is assigned 004019115.



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.