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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Leans Quest, LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
David Graham (Name of Person)
(Name of Person)
Lean Quest, CC (Firm/Company)
(Firm/Company) これ 日本
(Firm/Company) 1654/ Gothard St. Suite 105 ASSECTABLE OF STAR
Huntington Beach, CA 92647 38 (City/State and Zip Code)
For further information concerning this matter, please call:
David Graham at (714) 596-3756 (Name of Person) (Area Code & Daytime Telephone Number)
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 \frac{1}{2}\$125.00 Filing Fee \$\sum \frac{1}{2}\$130.00 Filing Fee \$\sum \frac{1}{2}\$155.00 Filing Fee \$\sum \frac{1}{2}\$160.00 Filing Fee, Certified Copy of Status \$\sum \text{Certified Copy}\$

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

MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	JIV
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")	en
(Jurisdiction under the law of which foreign limited liability company is organized) 3. 30-000 2030 (FEI number, if applicable)	
(Date of Organization) 5. Tecpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
N/A	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
(See sections 608.501 & 608.502 F.S. to determine penalty liability)	B ribe 2339
Huntington Beach, CA 92647 (Street Address of Principal Office)	П
(Street Address of Principal Office)	7
If limited liability company is a manager-managed company, check here	
The name and usual business addresses of the managing members or managers are as follows:	
David Graham - 16541 Grathard St, suite 105, Huntington Be Charles Emery - " Alan NOSS - "	ènel
Sacret Grandu - 16541 Grandure St, Built 105, Husting as	647
Charles Emery-	
Alaw Noss - "	,
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)	
. Nature of business or purposes to be conducted or promoted in Florida: we have an	
curployee for which whe are getting worker's comp insuran	ىرە
and need to register I have are getting worker's comp insurum	
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.)	
DAVID GRAFFAKI	
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:		
Lear Quest, 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:	2000 DI SECR TALLA	engur Jan
Luis Quinones (Name)	2000 DEC -1 I SECRETARY C TALLAHASSEE	
9645 Portofisco Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 1: 39 OF STATE EE.FLORIDA	
Orlando, FL 32832 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.

Live Dunon (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 California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: LEAN QUEST, LLC

FILE NUMBER:

200201210039

FORMATION DATE:

01/04/2002

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 4, 2008.

DEBRA BOWENSecretary of State