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SECRETARY OF STATE

COVER LETTER

TO: Registre Division	ation Section on of Corporations		
SUBJECT: _		TED LLC fLimited Liability Company)	
Florida," Certif		ed Liability Company for Authorization to are submitted to register the above reference ida	
Please return a	Il correspondence concerning t	this matter to the following:	
_	FERGAL	STACK (Name of Person)	
	•	(Name of Person)	
_	STACKLIM	(Firm/Company)	2000 DEC -4 SECRETARY TALLAHASSE
`		(Firm/Company)	HA EEC
	,	Na Ave NW (Address)	DEC -4 PM 2: 1 CRETARY OF STATE ANASSEE. FLORE
		(Address)	
· · · · · · · · · · · · · · · · · · ·	Washington, (Ci	,	PATE DRIDA
	Ø (Ci	ity/State and Zip Code)	^
For further info	ormation concerning this matte	r, please call:	
FE	RGAL STACK (Name of Person)	at (917) 680 251 (Area Code & Daytime Teleph	18 none Number)
			·
	NG ADDRESS:	STREET ADDRESS:	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	heck for the following amount 30 Filing Fee \$130.00 Filing F Certific		Filing Fee, Certificate of Status & Certified 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:
1. STACKLI MITED 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. VIRGINIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. H5-059/084 (FEI number, if applicable)
4. 3/9/2008 5. PERPETVAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. \$
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1375 TUSCONA LN, #1404 CHAMPIONS GATE, FC 33896 (Street Address of Principal Office)
(Stréet 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:
FERGAL STACK
1375 Tuscara LN, #1404, Champions Gate, Fl 33896
1375 Tuscana LN,#1404, Champions Gate, Fl 33896 1750 Tysons Blud, 4th Floor, McLean, VA 22102
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: <u>Consulting</u> <u>Aerices in Accounting and Finance</u>
TOURS IN ACCOUNTING AND THE

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.)

FERGAL STACK
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:		
STACKLIMITED 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:	200 TAL	
KEN HORTON (Name)	2008 DEC -4 PM 2: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	77
(Name)	SS -L	-
245 GREELEY LOOP	PAY OF	m
Florida Street Address (P.O. Box NOT ACCEPTABLE)	25. V	O
DAVENPORT, FL 33897 City/State/Zip	2: 49 STATE LORIDA	

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)

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

Common wealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to STACKLIMITED LLC, a limited liability company formed under the laws of VIRGINIA, effective as of March 19, 2008.

As of the date below, articles of cancellation have not been filed in this office by STACKLIMITED LLC, a Virginia limited liability company.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 21, 2008

Joel H. Peck, Clerk of the Commission