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Florida Department of State

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Division of Corporations

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Varsity Jacket Limited Liability Company

Certificate of Status	Ō
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D. BRUCE

FEB 11 2009

EXAMINER

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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:

Ц	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Varsity Jacket Limited Liability Company
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ÇO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written meent of the managers or managing members adopting the alternate name. The ulternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")
2	Dolaware 3 34-2065606
• ',	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	08/15/1996 5, perpenual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
б.	·
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1055 Fairington Drive, Box 459
	Sidney, OH 45365
	(Street Address of Principal Office)
	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:
	William R. Holloway
	2130 W. Ocean Blvd.
	Ft. Lauderdale, FL 33305-0000
the treat	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 fireign 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: Domestic 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 R. Hollowsy
	Typed or printed name of signee

#L017 - 06/28/2007 C T System Onlive

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.

y Company is:				
				_
ame to be used in the	state of Fl	orida is:		
address of the registe	red agent s	and office are:		
C T Corporation S	ystem		SEC	760 1
(Nume)				
(Nume) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)				FEB 10
Florida Street Address (P.O. Box NOT ACCEPTABLE)				圣
FL		33324	STAT	9: 5:
City/State/	Zip		D _m	O1
ated in this certificate y. I further agree to e verformance of my du ved agent as provided n	, I hereby a comply with ties, and I a for in Chap Laura Assistar	accept the appoint the provisions am familiar with oper 608, Florida Broderick at Secretary	ntment as regis of all statutes and accept the	tered
	and to be used in the address of the register of CT Corporation Sy (Nume) 1200 South Pine Islantreet Address (P.O. Box FL. City/State/ ent and to accept servented in this certificate by I further agree to a cerformance of my dured agent as provided in the control of the corporation of the corpo	and to be used in the state of Financial Assistant address of the registered agent of the CT Corporation System (Name) 1200 South Pine Island Road treet Address (P.O. Box NOT ACCENTIFY) Ent and to accept service of produced in this certificate, I hereby of the comply with the complete agent as provided for in Chapter agent agent as provided for in Chapter agent age	and to be used in the state of Florida is: address of the registered agent and office are: CT Corporation System (Nume) 1200 South Pine Island Road treet Address (P.O. Box NOT ACCEPTABLE) FL 33324 City/State/Zip ent and to accept service of process for the above ated in this certificate, I hereby accept the appoint of the provisions for the agent as provided for in Chapter 608, Floridated agent 608, Floridated 608, Florida	and to be used in the state of Florida is: CT Corporation System (Name) 1200 South Pine Island Road Troot Address (P.O. Box NOT ACCEPTABLE) FL City/State/Zip 233324 Part and to accept service of process for the above stated limited atted in this certificate, I hereby accept the appointment as registly. I further agree to comply with the provisions of all statutes werformance of my duties, and I am familiar with and accept the dagent as provided for in Chapter 608, Florida Statutes. Laura Broderick Assistant Secretary

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

5.00

Delaware

27.72

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VARSITY JACKET LIMITED LIABILITY COMPANY" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN FAID TO DATE.

O9 FEB 10 AM 9: 55
SECRETARY OF STATE

2653924 8300

000117072

You may varify this cortificate calleg at coup, delevers, gov/authwor.ehtml Jeffrey W. Bullock, Secretary of State

DATE: 02-09-09