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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

MAR 2 2009

**EXAMINER** 

#### COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	CARAVAN COMMUNICATION	ONS, LLC.		
	(Name of Limit	ed Liability Company)		
Florida," Ce	d "Application by Foreign Limited Liab rtificate of Existence, and check are sub apany to transact business in Florida	cility Company for Authorization to Transact Business in omitted to register the above referenced foreign limited		
Please return	n all correspondence concerning this ma	atter to the following:		
	ORLANDO GAMARRA, JR	. , CPA		
	(Nan	ne of Person)		
GAMARRA & ASSOCIATES, LLC.				
	(Firm	n/Company)		
18851 NE 29TH AVE. 7TH FLOOR				
	(	(Address) KHASSER		
	AVENTURA, FL 33180	SEO 7 F		
	(City/Sta	ate and Zip Code)  TO A TO		
For further information concerning this matter, please call:				
OR	LANDO GAMARRA, JR. , CPA	A at ( 305 ) 651-0497		
<del></del>	(Name of Person)	(Area Code & Daytime Telephone Number)		
Divi P.O.	ILING ADDRESS: sion of Corporations Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is	a check for the following amount: 25.00 Filing Fee \$ Certificate of			

#### 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:

$_{ m L}$ CARAVAN COMMUNICATIONS, LLC	
(Name of Foreign Limited Liability Company; must include	rde "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purposonsent of the managers or managing members adopting the alte Company," "L.L.C.," "LL.C.")	se of transacting business in Florida and attach a copy of the written ernate name. The alternate name must include "Limited Liability
VIRGINIA	3 20-3152299
(Jurisdiction under the law of which foreign limited liability company is organized)	( FEI number, if applicable)
	5. PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
5.	TAS .
(Date first transacted business in FI (See sections 608,501 & 608,502 F.S	to determine negative liability)
18090 COLLINS AVE. UNIT 190	TEB AND THE ASS.
SUNNY ISLES BEACH, FL 33160	SERY 7
· · · · · · · · · · · · · · · · · · ·	of Principal Office)
3. If limited liability company is a manager-managed	company, check here
D. The name and usual business addresses of the mar	<del></del>
YURI REZNICHENKO - ADDRESS I	•
ALEXANDER KRONFELD -ADDRES	SS IS SAME AS LINE 7 ABOVE
he jurisdiction under the law of which it is organized. (A photocop ranslation of the certificate under eath of the translator must be sub	mitted)
<ol> <li>Nature of business or purposes to be conducted or</li> </ol>	r promoted in Florida:
ALL LAWFUL BUSINESS UNDER FI	QRIDA STATUTES
A) te	2-
Signature of a member or about	thorized representative of a member.
an affirmation under the penalties of per	
	Nichenko
Typed or printed	I 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:	
CARAVAN COMMUNICATIONS, 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:	
ALEXANDER KRONFELD (Name)	09, TALL/
18090 COLLINS AVE. UNIT 190 Florida Street Address (P.O. Box NOT ACCEPTABLE)	FIL FEB 27 RETARY O WHASSEE
SUNNY ISLES 33160 FL City/State/Zip	ED AMII: 36 PF STATE FLORIDA

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)

## Commontorealth of Hürginia



### State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to CARAVAN COMMUNICATIONS, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of July 28, 2005.

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

Nothing more is hereby certified.

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SECRETARY OF STATE
TALLAHASSEE, FLORIS



Signed and Sealed at Richmond on this Date: February 18, 2009

Joel H. Peck, Clerk of the Commission