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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAR 1 3 2009

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: Flex Adz, LLC	
· · · · · · · · · · · · · · · · · · ·	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
George Chandras	
(Na	me of Person)
Flex Adz, LLC	
**************************************	m/Company)
1440 Coral Ridge Drive, #914, Co	oral Springs, FL 33071 (Address)
, ·	ate and Zip Code)
For further information concerning this matter, plea	ase call:
George Chandras	at (954) 540-4574
(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_\$\$125.00 Filing Fee \text{\$\text{Certificate of}}\$	\$155.00 Filing Fee & \$\infty\$\$\$ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 MAR 12 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 26, 2009

GEORGE CHANDRAS 1440 CORAL RIDGE DR # 914 CORAL SPRINGS, FL 33071

SUBJECT: FLEX ADZ, LLC Ref. Number: W09000009255

We have received your document for FLEX ADZ, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00006763

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. Flex Adz, LLC (Name of Foreign Limited Liability Comp.	any; must include "Limited Liability Company," "L.1	L.C.," or "LI	.C.")
(If name unavailable, enter alternate name adopted consent of the managers or managing members ad Company," "L.L.C.," "LLC.")	d for the purpose of transacting business in Florida ar dopting the alternate name. The alternate name must i	nd attach a co include "Lim	opy of the wr ited Liability
2.Delaware	3. 26-2864718		
(Jurisdiction under the law of which foreign lin company is organized)	nited liability (FEI number, if app	licable)	
4. 6/26/2008 (Date of Organization)	5. Perpetual (Duration: Year limited liability c		
(Date of Organization)	exist or "perpetual")	ompany wili	cease to
6. <u>N/A</u>			·
(See sections 608.501 a	business in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability)		
7. 1440 Coral Ridge Drive, #194, Cora	al Springs, FL 33071		DV V
		MAR	ECRE SION
(8	Street Address of Principal Office)	2	
8. If limited liability company is a manag	er-managed company, check here	P	ED Y OF STATE
9. The name and usual business addresses	s of the managing members or managers are	as follows	TATE ATIONS
George Chandras, 1440 Coral Rido	ge Drive, #194, Coral Springs, FL 33071	•	<u> </u>
			
			
10. Attached is an original certificate of existence, no	more than 90 days old, duly authenticated by the officia	al having cus	tody of record
the jurisdiction under the law of which it is organized	d. (A photocopy is not acceptable. If the certificate is in		
translation of the certificate under oath of the translate	or must be submitted.)		
11. Nature of business or purposes to be o	conducted or promoted in Florida:		
Rental of advertising space			
			
Signature of a mem	ber or an authorized representative of a mem	her.	
	in 608 408(3). F.S. the execution of this document constitu		

(in accordance with section 608.408(3), F.S., the execution of this document const an affirmation under the penalties of perjury that the facts stated herein are true.)

George Chandras

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.

Flex Adz, 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:
George Chandras
(Name)
383 NW 113 Avenue
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Coral Springs, FL 33071 FL
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 regist 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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLEX ADZ LLC" 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 TWELFTH DAY OF FEBRUARY, A.D. 2009.

4564329 8300

090127237

AUTHENTICATION: 7132687

DATE: 02-12-09

You may verify this certificate online at corp.delaware.gov/authver.shtml