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N. CAUSSEAUX

MAR 2 5 2009

EXAMINER

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:

Compassion Fund of Brevard, LLC	
(Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alter Company," "L.L.C.," "LLC.")	se of transacting business in Florida and attach a copy of the writte rnate name. The alternate name must include "Limited Liability
2. Delaware	Not Applicable
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)-
	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to rexist or "perpetual")
6. upon filing	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	orida, if prior to registration.) to determine penalty liability)
7. 2979 PGA Blvd., Palm Beach Garder	ns, FL 33410
(Street 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 mana	aging members or managers are as follows:
The Compassion Fund, Inc.	
2979 PGA Blvd., Palm Beach Garder	ns, FL 33410
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subr	
11. Nature of business or purposes to be conducted or	r promoted in Florida: provide non-profit
services	·
Darde Char	
Signature of a member or an au	thorized representative of a member.
(In accordance with section 608.408(3), F an affirmation under the penalties of perj	S., the execution of this document constitutes ury that the facts stated herein are true.)

Typed or printed name of signee

Sandra L. Adams, Esq., VP and General Counsel

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:	
Compassion Fund of Brevard, LLC	<u>.</u>
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:	09 E8
Registered Agent Solutions, Inc.	海 2 T
(Name)	
155 Office Plaza Drive, Suite A	물감 주
Florida Street Address (P.O. Box NOT ACCEPTABLE)	— 5 ₄ 29
Tallahassee FL 32301	
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.

(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 "COMPASSION FUND OF BREVARD, 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 MARCH, A.D. 2009.

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AUT.

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 7183025

DATE: 03-12-09

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