Division of atiles Of State Division of State Division of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11090000844373)))



H090000844373A8C2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

9 APR -9 AMIO: I

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MattS Melbourne, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125,00

D. BRUCE

APR 10 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION GOLSOS, FLORIDA STATUTES, THE POLLOWING IS SCIENITIED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MattS, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") MattS Melbourne, 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. Delaware 20-5330238 (FE) number, if applicable (Jurisdiction under the law of which foreign limited liability company is organized) 8/8/06 perpeumi 4. (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first wansacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 111 Sowers Street, Ste. 400, State College, PA 16803 (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 managing members or managers are as follows: Mathias Shaper, 111 Sowers Street, Stc. 400, State College, PA 16803 10. Attached is an original certificate of existence, no more than 90 ctays 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 recorptable. If the certificate is in a fureign 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. act as General Partner of a limited pannership 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 penulties of perjury that the facts stated herein are true.)

Typed or printed name of signee

гийит - пытафарат С Т Бузина Салан

Mathias Shaner

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of MattS, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Delaware_
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
MattS Melbourne, LLC
(Name to be used by limited liability company in Florids. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)
Date: 4/8/09
Signature(s) of Manager(s) and/or Managing Member(s):
ALL.
And B TI
AAAR -9
—————————————————————————————————————
mA :

CR2E122 (7/07)

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 MauS, LLC	of the Limited Liability Company is:			
	silable, the alternate name to be used in the state of Flori	ida is:		
2. The name and the Florida street address of the registered agent and office are:				
	(Name)		09 APR - 9 SECRETAR SECRETAR	=
	1200 South Pine Island Road		9 AM RY OF SEE. F	Ш
	Florida Street Address (P.O. Box NOT ACCEPTA	B1.E)	FLOR FLOR	D
	Plantation FL	33324	II I I I I I I I I I I I I I I I I I I	
	Čity/State/Zip	·		

flaving 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.

By: JAMES M. NEWSOME
Special Assistant Secretary
(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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MATTS, 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 THIRD DAY OF APRIL, A.D. 2009.

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

4202092 8300

090335022

CATION: 7228622

DATE: 04-03-09