Florida Department of State

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Account Number : I20000000088 Phone : (800)221-0102

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"LORIDA/FOREIGN LIMITED LIABILITY CO.

STELGEN LLC

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April 3, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

NATIONAL CORPORATE RESEARCH

SUBJECT: STELGEN LLC REF: W09000015571

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Neysa Culligan Regulatory Specialist II FAX Aud. #: H09000077888 Letter Number: 809A00011256

(HO9000077888 3)

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

		STELGEN L					
	(Name of Foreign	ı Limited Liabili	ly Company))			
	STATE OF DELAWARE	3 2	6-45	06 302 FEI number, if applic			
urisdiction	n under the law of which foreign limited organized)	l liability	(FEI number, if applic	able)		
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	03/20/2009	_ 5. <u>_</u>	· · · · · · · · · · · · · · · · · · ·	PERPETUAL		<u> </u>	子
	(Date of Organization)	(J	Duration: Ye	ar limited liability cor	npany w	illeease t	ر ة
				otian)		SE	6
		UPON FILIN	G			35.4	-
	(Date first transacted busi (See sections 608.501 & 60	mess in Florida, 18.502 F.S. to de	if prior to reg termine nens	gistration.) Ity liability)		# C	PH 12: 46
			-	•		100	
	185 NW S	PANISH RIVE	R BLVD #1	00		202	_ £
	DOCA DATON			20		Sm	,
	BOCA RATON	t Address of Pri	FL	334	131		
	(Stiet	a Address of Pri	nerpai Office	9)			
flimited	liability company is a manager-	managed com	nany, checi	k here 🗸			
			,				
The name	e and usual business addresses of	the managing	members	or managers are a	s follov	vs:	
				_			
KINSAN	MANAGEMENT CORP. 185 NW SPA	NISH RIVER BI	VD #100	BOCA RATON	FL	33431	_
~				*·			
~							

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.)

ANDREW M. SCHREIER, AS VP OF MANAGER: KINSAN MANAGEMENT CORP.

Typed or printed name of signee

(H09000077888 3)

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.

·	STELGEN LLC		
2. The name and the Florida street address	of the registered	agent and office are:	
			TAL SE
National Co	rporate Research	, Ltd., Inc.	APR I
	(Name)		
			SS T
515	_ Fig. 7		
Florida Street Ad	dress (P.O. Box NO	LACCEPTABLE)	ARY OF STAT ASSEE FLORI
			ORA F
Taliahassee	FL	32301	
	City/State/Zip		-
Having been named as registered agent and			
liability company at the place designated in	this certificate, I he	ereby accept the appo	intment as registered
liability company at the place designated in a agent and agree to act in this capacity. I fur relating to the proper and complete perform	this certificate, I he ther agree to comp ance of my duties,	ereby accept the appo ly with the provisions and I am familiar with	intment as registered of all statutes hand accept the
liability company at the place designated in agent and agree to act in this capacity. I fur	this certificate, I he ther agree to comp ance of my duties,	ereby accept the appo ly with the provisions and I am familiar with	intment as registered of all statutes hand accept the
liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete perform obligations of my position as registered agent	this certificate, I he ther agree to comp ance of my duties, at as provided for i	ereby accept the appo ly with the provisions and I am familiar with	intment as registered of all statutes hand accept the
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liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete perform obligations of my position as registered agent	this certificate, I he ther agree to comp ance of my duties, at as provided for i	ereby accept the appo ly with the provisions and I am familiar with	intment as registered of all statutes hand accept the
liability company at the place designated in a agent and agree to act in this capacity. I fur relating to the proper and complete perform	this certificate, I he ther agree to comp ance of my duties, at as provided for i	ereby accept the appo ly with the provisions and I am familiar with	intment as registered of all statutes hand accept the

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "STELGEN 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 THIRTY-FIRST DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STELGEN LLC"
WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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You may vorify this certificate online at corn delaware cov/authors shim!

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 7219367

DATE: 03-31-09