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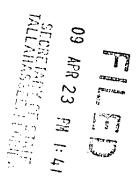
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PICK-UP WAIT MAIL						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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S. HAWKES

APR 2 9 2009

EXAMINER

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: _	SKYVIEU		PREVENTION mited Liability Company)	SERVICES, LLC			
Florida," Certi		, and check are	submitted to register the abo	orization to Transact Business in ove referenced foreign limited			
Please return all correspondence concerning this matter to the following:							
ROBERT A. ZACK							
(Name of Person)							
	LAW OFFICE OF ROBERT A. ZACK, PA						
(Firm/Company)							
	Po	BOX	50444				
(Address)							
SARASOTA, FL. 34232							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Ro	BERT A. (Name of I	2ACK Person)	at ( <u>941</u> ) <u>37</u> (Area Code & Daytir	フー3200 ne 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				
	heck for the follow 00 Filing Fee X \$1	ving amount: 30.00 Filing Fee & Certificate o		■\$160.00 Filing Fee, Certificate of Status & Certified Copy			

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

IN COMPLIANCE WITH SECTION 608503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. <u>SKYVIEW LOSS PREVENTION SERVICES</u> LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.") OFLAWARE
(Jurisdiction under the law of which foreign limited liability)

3. 20 - 5 257 9 2 3
(FEI number, if applicable) 4. JULY 20 2006

(Date of Organization)

5. FERPETUAL

(Duration: Year limited liability company will case to exist or "perpetual") 6. HAS NOT YET TRANSACTED BUSINESS IN FLORE (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) MIAMI, FLORIDA 33133
(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: JEFF BETTINGER, MO 2000 S. BAYSHORE DR. #45 MIAMI FLORIDA 33133 10. Attached is an original certificate of existence, no more than 90 days 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 acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) AND LOSS PREVENTION SERVICES TO HEALING ARTS
PROFESSIONALS RESEARCH 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.)

ROBERT A. ZACK
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.

1. The name of the Limite	d Liability	Company is:		
SKYVIEW	LOSS	PREVENTION	SERVICES	llc
If name unavailable, the al	ternate nam	e to be used in the state	of Florida is:	OS NOR 22
2. The name and the Flori		-		
	ROBER	T A. ZACK	, PA	
		T A, ZACK (Name) ud ST.		<del></del>
	STE. 80	8, EAST WING		
	Florida Stre	et Address (P.O. Box NOT	ACCEPTABLE)	
-	SARAS	OTA FL	34236	<del></del>
		City/State/Zip		
Having been named as regiliability company at the platagent and agree to act in the relating to the proper and cobligations of my position a	ce designate is capacity. omplete per	d in this certificate, I her I further agree to comply formance of my duties, a	eby accept the apport wwith the provisions and I am familiar with	intment as registered of all statutes a and accept the

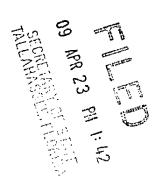
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SKYVIEW LOSS PREVENTION SERVICES,
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 SIXTEENTH DAY OF APRIL,
A.D. 2009.



1192936 8300

090229449

AUTHENTY CATION: 7247977

DATE: 04-16-09

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