M09000001595

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
r
Special Instructions to Filing Officer:
·



300148517673

04/30/09--01005--013 **60.00

04/06/09--01035--024 **70.00

OG APR 30 AM IO: 58
SECRETARY OF STATE
SECRETARY OF STATE

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Amozing Products LLC alba Armzing Products USA LLC (Name of Limited Liability Company)
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Shannow Hutto (Name of Person)
Amazine Products LLC (Film/Company)
P.O Box 561538 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Shannod Hitto at (467) 876-8672 (Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Clifton Building 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: \$\begin{align*} \Psi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

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

1	(Name of Foreign Limited Lability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	Amazing Products USA LLC	
con	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the ont of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilibary," "L.L.C.," "LLC.")	writte ity
С	Delaware risdiction under the law of which foreign limited liability 7. The law of which foreign limited liability 8. The law of which foreign limited liability 9. The law of which foreign limited liability 9. The law of which foreign limited liability 10. The law of which foreign limited liability 11. The law of which foreign limited liability 12. The law of which foreign limited liability 13. The law of which foreign limited liability 14. The law of which foreign limited liability 15. The law of which foreign limited liability 16. The law of which foreign limited liability 17. The law of which foreign limited liability 18. The law of which liability 19. The law of which foreign limited liability 19. The law of which liability 1	
4.	Feb 20th 2009 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	A. A.	no APR
7		ж 30
	SOR TOPAZ WAY O/Nordo FL 32806 (Street Address of Principal Office)	
3, :	limited liability company is a manager-managed company, check here	58
9. <i>'</i>	ne name and usual business addresses of the managing members or managers are as follows:	
	ERNEST HUTTO 508 TOPAZ WAY ON AUDO, FL 32806	
	ERNEST HUTTO 508 TOPAZ WAY Orlando, FL 32808 Shannow Hutto 608 Lillian Dr Orlando, FL 32806	
	Show Hutto 608 Lillian Dr Orlando, FL 32806	
10. hej rans	trached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstitution under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under oath of the translator must be submitted.)	ords in
I. -	Nature of business or purposes to be conducted or promoted in Florida:	
	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.)	

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 Limited Liability Company is:		
Amazing Products UC		
•		
If name unavailable, the alternate name to be used in the state of Florida is:		
Amazing Products WA LLC		
2. The name and the Florida street address of the registered agent and office are:		
Railey Ared Handing, PA	09 APR 30 AH IO: 58 SECRETARY OF STATE SECRETARY OF STATE AND AND SEE FLORIDA	T
Plorida Street Address (P.O. Box NOT ACCEPTABLE)	O AMI	
City/State/Zip	J: 58 STATE ORIDA	1

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)

✓\$ 5.00 Certificate of Status (optional)

130

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AMAZING PRODUCTS 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 TWENTY-SIXTH DAY OF MARCH, A.D. 2009.

4657797 8300

090304841

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

AUTHEN

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 7212112

DATE: 03-26-09