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2009 APR 30 PM 1: 44
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE MAY - 1 2009 EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: STEEL CASTC (Name of Lim	ited Liability Company)		
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida			
Please return all correspondence concerning this m	natter to the following:		
DAUID (Na	B. CAMP		
STEEL CAS (Fir 410-9 #212 BD ORANGE PARK, I		2009 APR 30 PM 1: 44 SECRETARY OF STATE TALLAHASSEE FLORIDA	FILED
For further information concerning this matter, ple	ease call:		
DAVID B. CAMP (Name of Person)	at ( <u>90 4</u> ) <u>70 8 - 3242</u> (Area Code & Daytime 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		
Enclosed is a check for the following amount:  \$\Begin{align*} \text{\$125.00 Filing Fee} & \text{\$130.00 Filing Fee} & \text{\$Certificate of } \end{align*}		g Fee, Certificate tatus & Certified	

## 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 FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. STEEL CASTUE, 14C (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Wolf Wild Greign limited liability 3. 26-4545066 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 3/12/2009 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
11/1/20
(Date first transacted business in Florida, if prior to registration.)
7. 410-9 5-212 BLANSING BLUD
0841/6 PADV. FL 32073
(Street Address of Principal Office)
(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:
410-9 S-212 BLANDING BLUD
ORANGE PARK, FL 32073
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.)
11. Nature of business or purposes to be conducted or promoted in Florida:
REAL ESTATE
Sunda Midani.
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.)
Linda Xidaris
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:	
STREL CASTUE, LIC	
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:  Linda Lidaris  (Name)  7521 Bruco St  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Sacksonville FL 32208  City/State/Zip	page of the same o

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)

## STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

#### **CERTIFICATE OF ORGANIZATION**

#### STEEL CASTLE L.L.C.

Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 13th day of March, 2009.



Filed Date: 03/12/2009

Mat Massiels
Secretary of State

By: Sharen Cochran