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T. CLINE

MAY - 6 2009

EXAMINER

COVER LETTER

Division of Corpora				
SUBJECT:	ITED STATE	ES LIJESTOCK, ne of Limited Liability Company	L.L.C.	
		, ,		
		ility Company for Authorization to sove referenced foreign limited liab		
Please return all corresponde	nce concerning this ma	tter to the following:		
	JOSEPH	Name of Person		
	UNITED	STATES Live	estocic	
	5970	S.W. 18-15	STREET, Sitter	ANY PAR
		ridaress	ES ES	= -
	B04	RATOUT. FLORI City/State and Zip Code	OA 3343	HAY-5 PH
		City/State and Zip Code	(T) (-	5 -0 F
Ţ,	Joseph Hilt	ON 10 (A) YAHOO. To be used for future annual report r	notification)	PH 2: 5
	E-mail address: (to	o be used for future annual report r	notification)	- J
For further information conce	erning this matter, pleas	se call:	O's P	T1
Joseph	ume of Person	at (56) Area Code & Daytime Teleph	393-0648	
MAILING ADDRE Division of Corporal Registration Section P.O. Box 6327 Tallahassee, FL 323	tions	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ione Number	
Enclosed is a check for t	he following amou	nt:		
\$125.00 Filing Fe	\$130.00 Filing Certificate of			

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

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. (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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "L.L.C.")
2. Whomsuc 3. 26-3840947 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 11-24-2008 (Date of Organization) 5. Penpetual (Duration: Year limited liability company will cease to exist or "perpetual")
exist or "perpetual") 6. April 30, 2009 (Date first transacted business in Florida, if prior to registration.) (See sections 608 501 & 608 502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 59+0 SW 187 STREET VIITE 241 9 - 1
BOCA RATOW : FL 33433 CST ST S
(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:
Joseph Yurkin
• • • • • • • • • • • • • • • • • • •
5970 SW184 Street, Suite 241
BOCA RATOUT. FL 33433
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:
Livestocic Herds Located in Ottio.
1/1
Signature of a member of 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.)
Joseph Lekins
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:	
UNITED STATES LIVESTOCK, LLC	
If unavailable, the alternate to be used in the state of Florida is: Onited States Livertocle I, L.L.C.	
2. The name and the Florida street address of the registered agent and office are:	7
(Name) 5970 S.W. 184 Street, Site 47 Florida Street Address (P.O. Box NOT ACCEPTABLE)	r
BOCA RATON FL 33433 City/State/Zip	
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. (Signature)	!
\$ 100.00 Filing Fee for Application	

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00

\$ 5.00

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

Ss.

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

United States Livestock, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 24, 2008**, comply with all applicable requirements of this office. This entity has been assigned entity identification number **2008-000562902**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of April, 2009 at 8:21 AM.

Max Massille Secretary of State

By Candin Delina