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TALLAHASSEE, FLORID.

M. THOMAS.

MAY 21 2009

EXAMINER

#### **COVER LETTER**

	on of Corporations
SUBJECT:	A CHALLY WOIKING LLC  Name of Limited Liability Company
_	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return al	l correspondence concerning this matter to the following:
	Jonathan Taylor Name of Person
	Name of Person
	Name of Person  Achaely Northing LLC  Pirm/Company  1401 Lancaster Drive  Address  Octando fl 32806  City/State and Zip Code
	1401 Lancaster Drive Pro B
	Octando, Fr 32806
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Jo	Name of Person Area Code & Daytime Telephone Number
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ration Section ox 6327 clifton Building assec, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amount:
\$12:	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate Of Status & Certified Copy of Status & Certified Copy

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

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED 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.")
cor Co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written is name managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
2.	Dejaware  Jurisdiction under the law of which foreign limited liability  company is organized)  3. Zu-46Z9894  (FEI number, if applicable)
	A 50 St 27 7 2008  (Date of Organization)  5. Perpendul (Duration: Year limited liability company will cease to write or "Sound year")
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
	Octando, A 32806  (Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:
9.	The name and usual business addresses of the managing members or managers are as follows:
	Jonatra Taylor
	1,
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Ay - all
	legal purposes
	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.)

## 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:
Achally working LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
David Axel  (Name)  189 S. Dianse Ave Svit 2000  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Orlando FL 32801  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 of registered agent as provided for in Chapter 608, Florida Statutes.  (Signature)

Filing Fee for Application

**Certified Copy (optional)** 

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF FORMATION OF "ACTUALLY WORKING, LLC",

FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D.

2008, AT 4:33 O'CLOCK P.M.

4593000 8100

090327403

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 7224553

DATE: 04-02-09

You may verify this certificate online