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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORID:

Soon IIII IC All 6:

M. THOMAS

JUN 17 2009

EXAMINER

COVER LETTER

TO:		ation Section n of Corporation	ns										
SUBJE	CT: L	MC CONSUL	TANTS,		of Lim	ited Liabi	ility Comp	any			-		
The end Existen	closed "A	pplication by Fehren	oreign Limit ted to regist	ted Liabil er the abo	ity Com	npany for renced for	Authoriza reign limit	tion to Ti ed liabili	ransact Buty compai	usiness ir ny to trar	n Florida," nsact busir	' Certifi ness in l	cate of Florida.
Please r	return all	correspondence	concerning	this matt	er to the	followin	g:						
		LINDA CI	GNARELL	ıΑ									
			·		Na	me of Pe	rson				· - · · · -		
		LMC CONS	ULTANTS	, LLC									
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		WARREN,	NJ 0705	9							AND	91 MUL Pilac	
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For furt	her infor	mation concerni	ng this matte	er, please	call:						77		
	LIND	A CIGNARE	LLA			at (2	201) 24	45-614	18				
		Name	e of Person		Area	Code &	Daytime 7	Telephon	e Number				
	Division Registra P.O. Bo	NG ADDRESS n of Corporation ation Section x 6327 ssee, FL 32314			Division Registra Clifton 2661 Ex	er ADDF n of Corp ation Sect Building xecutive (ssee, FL 3	orations tion Center Circ	cle					
Enclos	sed is a	check for the	following	amoun	t:								
	\$125	.00 Filing Fee		00 Filing ificate of		\$15	5.00 Filing Certifie	g Fee & ed Copy			ng Fee, Ce & Certifie		

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Liability Comp	pany; must incl	ıde "Limited Liabi	lity Company," "L.L	.C.," or "LLC.")
(If name unavailable, enter altern consent of the managers or managers," "L.L.C," "LLC.")					
2. NEW JERSEY			2	22-3707326	
2. NEW JERSEY (Jurisdiction under the law of vocampany is organized)	hich foreign li	mited liability	J(22-3707326 FEI number, if applic	eable)
01/18/200	0		5 PERPETUAI		
(Date of Organi	zation)			ar limited liability co	mpany will cease to
6.					
(Date			orida, if prior to reg to determine pena		TALLAR TALLAR
7. 3 WILLOW WOODS TR	AIL	1			
WARREN, NJ 07059					· 550 下
	((Street Address	of Principal Office	e)	三年 王
8. If limited liability compa	ny is a mana	ger-managed	company, chec	ck here X	6:52 FLORID
9. The name and usual busi	ness address	es of the man	aging members	or managers are	as follows:
LINDA CIGNARELLA			DS TRAIL	_	
ROBERT CIGNARELL	A 3 WI	LLOW WOO	DS TRAIL	WARREN, N	J 07059
10. Attached is an original certificate the jurisdiction under the law of whomanslation of the certificate under of the Nature of business or processing the CONSULTING	ch it is organize ath of the transla	ed. (A photocopy ator must be sub	is not acceptable. I mitted.)	If the certificate is in a	foreign language, a

LINDA CIGNARELLA

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:
LMC CONSULTANTS, LLC
If unavailable, the alternate to be used in the state of Florida is:
LMC CONSULTANTS & BROKERAGE, LLC
2. The name and the Florida street address of the registered agent and office are:

LINDA CIGNARELLA	
(Name)	- 3
74 CAYMAN PLACE	TALLAH TALLAH
Florida Street Address (P.O. Box NOT ACCEPTABLE)	ETARS IN 16
PALM BEACH GARDENS FL 33418	一点 五
. City/State/ZIP	6: 52 LORIDA

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.

Luda Cignella (Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

LMC CONSULTANTS, LLC

0600082193

With the Previous or Alternate Name

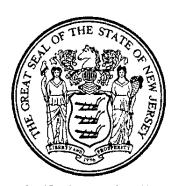
LMC FOOD BROKERAGE, LLC (Previous Name) LMC FOOD CONSULTANT, LLC (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 18, 2000.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Linda Cignarella 3 Willow Woods Road Warren. NJ 07059



Certification# 114365798

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of May, 2009

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp