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PICK-UP WAIT MAIL						
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D. BRUCE

AUG 10 2009

EXAMINER

COVER LETTER

	on of Corporations		
SUBJECT:	REO Vend	Name of Limited Liability Company	
		Name of Limited Liability Company	
		mited Liability Company for Authorization to Transact Business in Florida, ister the above referenced foreign limited liability company to transact business.	
Please return all	correspondence concerni	ing this matter to the following:	
		Justin King Name of Person	
		Name of Person	
	RED	Vendor I, LLC Firm/Company	
		2151 Dixie Ave. Address Smyrna, GA 3480 City/State and Zip Code	
		Address	
		Jmyrna, GA 34080	
		City/State and Zip Code	_
		address: (to/be used for future annual report notification))9 <u>A</u>
	E-mail-a	address: (to/fe used for future annual report notification)	8 <u>n</u>
For further infor	mation concerning this ma	atter, please call:	7
	Justin King Name of Person	at (770) 575 - 1463 Es	
	Name of Persor	n Area Code & Daytime Telephone Number	ກ
	ING ADDRESS:	STREET ADDRESS:	
	n of Corporations ation Section	Division of Corporations Registration Section	
-	ox 6327	Clifton Building	
	ssee, FL 32314	City/State and Zip Code City/State and Zip Code Com City	
Enclosed is a	check for the followin	ng amount:	
\$125	5.00 Filing Fee \$130 Cer	0.00 Filing Fee &\$155.00 Filing Fee &\$160.00 Filing Fee, Certificate of Status	

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:	3N
1. PEO Vendor I, LCC (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	en
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
2. Georgia 3. 26-1394206	
2. Gleora 3. 16-139 4206 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. 11/13/2007 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	
(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.)	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 2151 Dixie Ave. Smyrna, GA 3080 (Street Address of Principal Office)	
Smyrna, GA 3080 (Street Address of Principal Office)	
	7
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:] : -
Justin King 2151 Divie Ave, Snyma 6A. 30 55	
10. Attrobad is an original autificate of a victores and more than 00 days and disk, and a still a disk, and be the effect of the six and disk, and a	
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	7
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: Lipair houses.	
——————·	
- Chroth line	
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	

1. The name of the Limited Liability Company is:

P20 Vendor I, UC

#0247 P.002 /002

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.

If unavailable, the alternate to b		•	R50 1/a	dor. com, UC
2. The name and the Florida str	····			
United	Stoles	Corporation (Namp)	Agents.	Inc.
	- Wino	ling Daks Blu ress/P.O. Box NOT ACCE	Ste	A-100
<u> </u>	Tam	pa FL 3 City/State/Zip	3612-3	425
Having been named as registered liability company at the place de agent and agree to act in this cap relating to the proper and complobligations of my position as reg	signated in the pacity. I furth ele performa	ns certificate, I hereby o her agree to comply with nce of my duties, and I o	accept the appo h the provision am familiar wi	ointment as registered us of all statutes th and accept the
(Signature)		· ·		P 1 09 AUG - 7 SECRETAR) TALLAHASSE
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Applic Designation of Regi- Certified Copy (opti- Certificate of Status	stered Agent onal)	PH 3: 52 OF STATE E. FLORIDA

Control No. 07094984

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

REO VENDOR I, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 11/13/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 31st day of July, 2009

Karen C Handel Secretary of State

Faven C. Handel

Certification Number: 4515764-2 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp