

## Florida Department of State

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From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### CASH FLOW-BUSINESS LLC

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\$125.00

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECESTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	E STATE OF FLORIOM:	
, CASH FLOW-BUSINESS LLC	•	
(Name of Foreign Limited Liability Company; must incl	lude "Limited Liability Company," "L.L.C.," or "LLC.")	
(If hame unavailable, enter alternate name adopted for the purportionsent of the managers or managing members adopting the air Company," "L.C.C.," "LUC.")	ose of transacting business in Florids and ettern a copy of the versus name. The alternate name must include "Limited Liability	vrinca Sy
	<sub>3.</sub> 27-0739843	
(lunadiction under the law of which foreign limited liability company is organized)	(Fill number, (f applicable)	_
4. 06/25/2009		₹ 60
(Date of Organization)	(Duration: Year limited liability company will charge to exist or "perpensal")	AUG 3U
6, UPON QUALIFICATION	TAR: ASS	20
(Date first transacted business in Fl (See sections 608.501 & 608.502 F.S	8. to determine penalty liability)	<b>~</b>
7. 3801 GLENFORD DRIVE	مراكم	<del></del> -:-
CLERMONT, FLORIDA 34711	77 7	 မာ
(Street Address	of Principal Office)	
8. If limited liability company is a manager-managed	i company, check here 🗹	
9. The name and usual business addresses of the man	naging members or managers are as follows:	
BRIAN FERRIS, 3801 GLENFORD I	DRIVE, CLERMONT, FLORIDA 34711	
10. Attached is an original certificate of existence, no more than 90		rds in
the jurisdiction under the law of which it is organized. (A photocopy	py is not acceptable. If the certificate is in a facing language, a	rds in
the jurisdiction under the law of which it is organized. (A photocopt translation of the conflicate under cash of the translator must be sub-	py is not acceptable. If the certificate is in a facign language, a milled)	rds in
the jurisdiction under the law of which it is organized. (A photocopy translation of the conflicate under cash of the translator must be sub- 11. Nature of business or purposes to be conducted or	py is not acceptable. If the certificate is in a famign language, a smilled.)  or promoted in Florida: ANY ACTIVITY OR	rds in
the jurisdiction under the law of which it is organized. (A photocopt translation of the conflicate under cash of the translator must be sub-	py is not acceptable. If the certificate is in a famign language, a smilled.)  or promoted in Florida: ANY ACTIVITY OR	rds in
the jurisdiction under the law of which it is organized. (A photocopy translation of the conflicate under cath of the translator must be sub- 11. Nature of business or purposes to be conducted or	py is not acceptable. If the certificate is in a famign language, a smilled.)  or promoted in Florida: ANY ACTIVITY OR	rds in
the jurisdiction under the law of which it is organized. (A photocopy translation of the confliction under cash of the translator must be subtile.)  11. Nature of business or purposes to be conducted or SUSINESS PERMITTED UNDER THE L  Signature of a thember or an au	prisontacepable. If the certificate is in a facign language, a milled) or promoted in Florida: ANY ACTIVITY OR AWS OF THE STATE OF FLORIDA  Thorized representative of a member.	rds in
the jurisdiction under the law of which it is organized. (A photocopy translation of the confliction under cash of the translator must be subtile.)  11. Nature of business or purposes to be conducted or SUSINESS PERMITTED UNDER THE L  Signature of a thember or an au	prisontacephole. If the certificate is in a facign language, a smilled)  or promoted in Florida: ANY ACTIVITY OR  AWS OF THE STATE OF FLORIDA  Thorized representative of a member.  F.S., the execution of this document coordinates	rds in

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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 Li	ability Compa	ny is:			•	
CASH FLOW-BUSINE	SS LLC			· · · · · · · · · · · · · · · · · · ·		
If name unavailable, the altern	ate name to be	used in the state	of Florida is:			٠
2. The name and the Florida s	reet address of	the registered a	gent and office are:	SEC	9	CI.
BRIAN FE	RRIS			名名	ane a	-
		(Name)		TARY OF SI ASSEE FLO	20	
3801 GLE	NFORD DE	SIVE		mic		8 5
Fic	rida Street Addre	18 (P.O. Box NOT	ACCEPTABLE)	FLOF		1
CLERMON	1T .	FL.	34711	_	55	
		City/State/Zlp				

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.

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASH FLOW-BUSINESS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETHENTH DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASH FLOW-BUSINESS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4703295 8300 090791826



WALHENGICKHAM Bould & SALZEND, State

DATE: 08-19-09

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