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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

SEP - 3 2009

EXAMINER

COVER LETTER

	PAUL A JUHASZ, LLC	70 s
SUBJECT:	Name of Limited Liability Company	30 1
	lication by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Cook are submitted to register the above referenced foreign limited liability company to transact by these	ertificate s in Flor
Please return all con	rrespondence concerning this matter to the following:	\$ P
	PAUL A JUHASZ	500
	Name of Person	7
	PAUL A JUHASZ, LLC	
_	Firm/Company	
	1055 8th Ave North	
	Address	
	NAPLES, FL, 34102	
	City/State and Zip Code	
	cyberpaul1@msn.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please call:	
	PAUL A JUHASZ (239) 784-5310	
	Name of Person Area Code & Daytime Telephone Number	
Division o Registration P.O. Box 6		
Enclosed is a che	eck for the following amount:	
X \$125.00	Filing Fee \$\bigcup \\$130.00 Filing Fee &\\$155.00 Filing Fee &\\$160.00 Filing Fee, Certified Copy of Status & Certified	

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: PAUL A JUHASZ, 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," "LLC.") **NEW YORK** (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 6/8/2005 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 9/1/2009 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1055 8th Ave North NAPLES, FL, 34102 (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 follow PAUL JUHASZ, SOLE MEMBER 1055 8th Ave North NAPLES, FL, 34102 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: REAL ESTATE SALES Signature of almember or ah authorized representative of a member. (In accordance with section 608,468(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

PAUL JUHASZ

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:	
PAUL A JUHASZ	
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:	
PAUL A JUHASZ	
(Name)	
1055 8th Ave North	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
NAPLES, FL, 34102	
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 mosition as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York Department of State

I hereby certify, that PAUL A JUHASZ, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/08/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 18th day of August two thousand and nine.

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