M09000003574

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Busiliess Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

| | tration Section on of Corporations |
|----------------------------------|--|
| SUBJECT: | AF Services, LLC. |
| | Name of Limited Liability Company |
| The enclosed " Existence, and | 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 a | Il correspondence concerning this matter to the following: |
| | Attn: Tax Department |
| | Name of Person |
| | AF Services, LLC. |
| | Firm/Company |
| | 2555 W. 190th Street, Suite 204 |
| | Address |
| | |
| | Torrance, CA 90504 |
| | City/State and Zip Code |
| | taxcert2@pcmall.com |
| | E-mail address: (to be used for future annual report notification) |
| For further infe | ormation concerning this matter, please call: |
| | Eufemio Magsombol at (310) 225 5067 |
| | Eufemio Magsombol at (310) 225 5067 Name of Person Area Code & Daytime Telephone Number |
| Divis Regis P.O. 1 | LING ADDRESS: on of Corporations tration Section Box 6327 chassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| Enclosed is | a check for the following amount: |
| ✓ \$1 | 25.00 Filing Fee \$\int \text{\$130.00 Filing Fee & }\int \text{\$155.00 Filing Fee & }\int \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy} \text{of Status & Certified Copy} |



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2009

ATTN: TAX DEPARTMENT AF SERVICES, LLC 2555 W. 190TH STREET, SUITE 204 TORRANCE, CA 90504

SUBJECT: AF SERVICES, LLC Ref. Number: W09000039196

We have received your document for AF SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent ofthe managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 009A00029161

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that we are the Managers and/or Managing |
|--|
| Members of AF Services, LLC (Name of Limited Liability Company) |
| a limited liability company duly organized and existing under the laws of |
| Delaware (State or Country of Organization) |
| Because the name of this foreign limited liability company does not satisfy the |
| requirements of the s. 608.406, F.S., the limited liability company hereby adopts the |
| following name to transact business in the state of Florida: |
| AF Services of Miami, LLC (Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.) |
| Date: |
| Signature(s) of Manager(s) and/or Managing Member(s): |
| - Jal Sean Mollet |
| |
| |
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| <u></u> |

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:

| 1. | AF Services, LLC. (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.") |
| | _AF Services of Miami, LLC |
| con | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.") |
| 2 | Delaware 3. 20-2874739 (FEI number, if applicable) |
| (. c | furisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized) |
| 4. | 2/7/2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to |
| | 2/7/2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. | 7/15/2009 |
| υ. | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. | 2555 W. 190th Street, Suite 201 |
| • | 77 |
| | Torrance, CA 90504 |
| | (Street Address of Principal Office) |
| | 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: |
| | Simon Abuyounes - 2555 W. 190th Street, Suite 204 Torrance, CA 90504 |
| | Sean Mollet - 2555 W. 190th Street, Suite 204 Torrance, CA 90504 |
| | |
| 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: |
| | Administrative and Fulfillment Services |
| • | 1n1 |
| | 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) |
| | SEAN MOLLET |
| | Typed or printed name of signee |

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.

| f unavailable, the alternate to be used in the state of Florida is: | |
|---|----------|
| AF Services of Miami, LLC | |
| 2. The name and the Florida street address of the registered agent and office a | re: |
| | TAST 09 |
| Corporation Service Company | |
| (Name) | 型。 |
| 1201 Hays Street | AY C |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | FLC A 2: |
| Tallahassee FL, 32301 | ATE ATE |
| City/State/Zip | |
| | |
| Having been named as registered agent and to accept service of process for the a iability company at the place designated in this certificate, I hereby accept the ap | |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "AF SERVICES, 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 SEVENTEENTH DAY OF JULY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AF SERVICES, LLC" WAS FORMED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3922908 8300

090707753

AUTHENTICATION: 7424605

DATE: 07-17-09

You may verify this certificate online at corp.delaware.gov/authver.shtml