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CONTRACT OF STATE TALLAHASSEE, FLORID

N. Catherin DCT 1 1 co.

COVER LETTER-

TO:	Registration Section Division of Corporations
SUBJ	CCT: Council on Litigation Management, L.L.C. Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Adam Potter
	Name of Person
	Council on Litigation Management, L.L.C.
	Firm/Company
	2166 Broadway, Suite 14F
	Address
	New York, NY 10024
	City/State and Zip Code
	adam.potter@litmgmt.org
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Adam Potterat (212)
	Name of Person Area Code & Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclo	sed is a check for the following amount:
	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy



October 1, 2009

ADAM POTTER 2166 BROADWAY, SUITE 14F NEW YORK, NY 10024

SUBJECT: COUNCIL ON LITIGATION MANAGEMENT, L.L.C.

Ref. Number: W09000043841

We have received your document for COUNCIL ON LITIGATION MANAGEMENT, L.L.C. 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 registered agent must sign accepting the designation.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Letter Number: 009A00031868

Neysa Culligan Regulatory Specialist II

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

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

1	Council on Lit Name of Foreign Limited Liability Company	tigation N	lanagement, L.L.C. "Limited Liability Company."	"L.L.C" or "L	LC.")	
`	, , , ,	CLM, L.L			,	
consent o	unavailable, enter alternate name adopted for of the managers or managing members adopt y," "L.L.C," "LLC.")	r the purpose	of transacting business in Flori			
2	State of Delaware liction under the law of which foreign limited	3.	20-836	7526		
(Juriso compa	liction under the law of which foreign limited iny is organized)	d liability	(FEI number, if	applicable)		
4.	02/01/2007	5.	perpe	tual		
	(Date of Organization)	_	perpe (Duration: Year limited liabil exist or "perpetual")	ity company wil	l cease	to
6. <u>Oct</u>	ober 1, 2009			TAS	, 0	
	(Date first transacted bus (See sections 608.501 & 6	iness in Florid 08.502 F.S. to	la, if prior to registration.) determine penalty liability)	LAI	90	
7 216	6 Broadway, Suite 14F			AS AS		
7. <u>= 10</u>				—————————————————————————————————————	<u> </u>	_ <u>;</u>
Nev	v York, NY 10024	. 4 11	Principal Office)	무	2	M
	(Stre	et Address of	Principal Office)	STA SR	9: 2	
8. If lin	nited liability company is a manager-	managed co	ompany, check here 🗸	SEE. FLORIDA	27	
9. The	name and usual business addresses of	f the manag	ing members or managers	are as follow	s:	
Ada	am Potter			7.5		
216	66 Broadway, Suite 14F					
Nev	w York, NY 10024					
the juriscli	hed is an original certificate of existence, no mo ction under the law of which it is organized. (A n of the certificate under oath of the translator m	A photocopy is	not acceptable. If the certificate			
ll. Nat	ture of business or purposes to be con	ducted or p	romoted in Florida:	Administrat	ive	_
	(In accordance with section 60	08.408(3), F.S.,	rized representative of a r the execution of this document contact the facts stated herein are true	nstitutes		
	<u> </u>	Adam		·		
	Typed	or printed na	me 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.

1. The name of the Limited Liability Company is:			
Council on Litigation Management, L.L.C			_
If unavailable, the alternate to be used in the state of Florida is:			
CLM, L.L.C.			_
2. The name and the Florida street address of the registered agent and office are:			
Sydney Posner (Name)	SEG TALL	09	
4312 W. Broward Boulevard Florida Street Address (P.O. Box NOT ACCEPTABLE)	CRETARY LAHASSE	09 OCT 13	
Plantation, Fit 33317 City/State/Zip	UF STATE E, FLORIDA	AM 9: 27	ED

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.

\$ 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 "COUNCIL ON LITIGATION MANAGEMENT,

L.L.C." 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 EIGHTEENTH DAY OF

SEPTEMBER, A.D. 2009.

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

4294041 8300

090849940

AUTHENTICATION: 7534398

DATE: 09-18-09

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