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SECRETARY OF STATE
ALLAHASSEE, FI ORIDA

M. THOMAS

EXAMINER

COSTELLO, ROYSTON & WICKER, LLP

ATTORNEYS AT LAW

A LIMITED LIABILITY PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

Voice (239) 939-2222

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Truman J. Costello, P.A.

Board Certified Wills, Trusts and Estates Lawyer

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Of Counsel

Brittany Professional Centre 12670 New Brittany Blvd., Suite 101 Fort Myers, FL 33907

Mailing Address

Post Office Drawer 60205 Fort Myers, FL 33906-6205

October 22, 2009

Division of Corporations Registration Section Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Sent By:

Federal Express 7970 4254 9529

L7 Management LLC - Application for Authorization to Transact Business-in Re:

Florida

Dear Sir or Madam:

Enclosed with this letter please find the following documents:

1. Division of Corporations Cover Letter;

2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and Certificate of Designation of Registered Agent;

New Jersey Certificate of Existence for L7 Management LLC dated 10/22/09; and 3.

4. Check No. 2140 in the amount of \$125.00 for filing fees.

Please forward your letter of acknowledgement to this office at your earliest convenience.

Should you have any questions, please do not hesitate to call.

Very truly yours,

Frances K. Szymanski, Paralegal for

John M. Wicker

Direct Dial: (239) 690-4263

E-mail:

frans@csrlaw.com

Enclosures: as indicated

GOVER LETTER

TO:

Registration Section

Divisio	on of Corporations
SUBJECT:	L7 MANAGEMENT LLC Name of Limited Liability Company
The enclosed "A Existence, and o	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 all	correspondence concerning this matter to the following:
	JOHN M. WICKER, ESQ. Name of Person
	COSTELLO, ROYSTON & WICKER, LLP
	Firm/Company
	POST OFFICE DRAWER 60205
	Address
	FORT MYERS, FL 33906
	City/State and Zip Code
	jwicker@csrlaw.com E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
	JOHN M. WICKER, ESQ. at (239) 939-2222 x4265
Divisio Registi P.O. B	Name of Person Area Code & Daytime Telephone Number STREET ADDRESS: On of Corporations Pration Section Ox 6327 Clifton Building Passee, FL 32314 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a	check for the following amount:
√ \$12	5.00 Filing Fee \$\int \\$130.00 Filing Fee & \int \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$

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.	L7 MANAGEMENT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," o	- "I I C ")	
	NOT APPLICABLE	LLC.	
co	if name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attack onsent of the managers or managing members adopting the alternate name. The alternate name must include dompany," "L.L.C," "LLC.")	h a copy of the the Limited Liability	written ity
2.	NEW JERSEY (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		
	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4.	09/03/2009 5. PERPETUAL		
•	(Date of Organization) (Date of Organization) (Duration: Year limited liability company exist or "perpetual")	will cease to	
6.	PENDING REGISTRATION	<u> </u>	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	BOCT SECRE	
7.	75 WALL STREET, SUITE 24F	FEE C	5
	NEW YORK, NY 10005	3 P	in
	(Street Address of Principal Office)	FEST	
8.	. If limited liability company is a manager-managed company, check here	1: 42 ETATE ETATE	
9.	. The name and usual business addresses of the managing members or managers are as follows:	lows:	
	FRANCIS GUERRERO - 75 WALL STREET, SUITE 24F, NEW YORK, NY 1000)5	
	KENBRIDGE TRUST - 304 PARK AVE SOUTH, 11TH FLOOR, NEW YORK, N	Y 10010	
	EDWIN INFANTE - 75 WALL STREET, SUITE 24F, NEW YORK, NY 10005		
the	O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign anslation of the certificate under oath of the translator must be submitted.)		ords in
11	1. Nature of business or purposes to be conducted or promoted in Florida:		
	BUSINESS MANAGEMENT SERVICES		
	Carllell 2		
	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.)		
	JOHN M. WICKER, ESQ.		
	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.

1. The name of the Limited Liability Company is:	
L7 MANAGEMENT LLC	
If unavailable, the alternate to be used in the state of Florida is:	
NOT APPLICABLE	
2. The name and the Florida street address of the registered agent and office are:	
JOHN M. WICKER, ESQ.	
(Name)	
12670 NEW BRITTANY BLVD, STE 101	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
FORT MYERS: FL 33907 City/State/Zip TALLAR AHASS	<u></u>
City/State/Zip APE	
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 register.	red_
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.	
(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 JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

L7 MANAGEMENT LLC

0400305049

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 3, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Incorp Services, Inc. 208 West State Street Trenton, NJ 08608 1002



Certification# 115573154

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of October, 2009

R. David Rousseau State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp