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SECRETARY OF STATE
TALLIAHASSEE, FI ORION

#### **COVER LETTER**

TO:	Registration S Division of C				•	
SUBJE	ECT:			esday, LLC ited Liability Company		
					ransact Business in Florida ity company to transact bus	
Please	return all corres	pondence concerning t	his matter to the	following:		
	<del></del>		Nat	asha Waite		
			Na	me of Person		
				oiz.com, Inc.		
		·	Fir	m/Company		
5348 Vegas Dr.						
Address						
Las Vegas NV 89108  City/State and Zip Code						
			•	·		
		E-mail add	info@in ress: (to be used	cparadise.com for future annual report no	tification)	-
For fur	ther information	concerning this matter	r, please call:			
		Natasha Waite		_at (702)	871-8678	-
	MAILING A Division of Co Registration S P.O. Box 632 Tallahassee, F	orporations ection 7	STREE Division Registra Clifton 2661 Ex	Code & Daytime Telephore  T ADDRESS: n of Corporations ation Section Building Recutive Center Circle assee, FL 32301	ne Number	
Enclo	sed is a check		amount:  Filing Fee & icate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Cof Status & Certi	

#### 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:

	ED LIABILITY COMPANY TO TRANSACT BUSIN				
1	Mir (Name of Foreign Limited Liability Company	<b>racle Tuesday,</b> y; must include "Limit	LLC ed Liability Company," "L.L.	C.," or "LLC.")	_
(If nam	e unavailable, enter alternate name adopted for the managers or managing members adop	or the purpose of trans	sacting business in Florida and	l attach a copy of the	
•	ny," "L.L.C," "LLC.")				
2. (Incident	Nevada sdiction under the law of which foreign limits	3	(FEI number if appli	cahla)	_
comp	pany is organized)	ca nabinty	(1 Li numoci, it appir	cabic)	
4	05/1/2007	5	perpetual	~~···	
	(Date of Organization)	(Dura exist	ation: Year limited liability co or "perpetual")	mpanty will cense to	-
6.			, , ,	OP OCT	
o	(Date first transacted bu (See sections 608.501 & 6	isiness in Florida, if pr	rior to registration.)	28 PH 2	-
		008.302 F.S. to detern	ппе ревану наопну)		M
7. <u>13</u>	916 Bramble Bush Ct,				U
Or	rlando, FL 32832			2: 27	
	(Str	eet Address of Princip	al Office)		_
8. If l	imited liability company is a manager	-managed compan	y, check here		
9. The	e name and usual business addresses of	of the managing m	embers or managers are a	s follows:	
<u>M</u>	iracle Tuesday, LLC				_
10	0343 NE 6th Ave				_
М	iami, FL 33138				
he juris translati	ached is an original certificate of existence, no modiction under the law of which it is organized. (on of the certificate under eath of the translator) at the of business or purposes to be con	nore than 90 days old, d (A photocopy is not acc must be submitted.)	uly authenticated by the official ceptable. If the certificate is in a		cords in
	ature of business or purposes to be co	nauctea or promot	ed in Florida:	widi purpose	_·
	W. Wai	te -			
	(In accordance with section of	608.408(3), F.S., the exe	representative of a mem cution of this document constitut facts stated herein are true.)		
		Natacha Wai	to		

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:		
Miracle Tuesday, LLC		<del>-</del>
If unavailable, the alternate to be used in the state of Florida is:		
	2009 ( SEC TALL	
2. The name and the Florida street address of the registered agent and office are:	OCT 28 RETARY AHASSE	
Patricia A. Floyd	지역 곡	П
(Name)	2: 27 STATE LORIDA	
	PA	
13916 Bramble Bush Ct,		
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_	
Orlando FL 32832		
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 position as registered agent as provided for in Chapter 608, Florida Statutes.

Patricia a Floyd.
(Signature)

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

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MIRACLE TUESDAY, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 1, 2007, and is in good standing in this state.

S LOF TO SEE TO

ROSS MILLER

office on October 19, 2009.

ROSS MILLER Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

Electronic Certificate
Certificate Number: C20091019-1430
You may verify this electronic certificate
online at http://www.nvsos.gov/