M0900000 4272

(Requestor's Name) (Address) (Address)	900161174769						
(City/State/Zip/Phone #)	10/16/0901011021 **130.00						
(Business Entity Name)	7ALL						
(Document Number) Certified Copies Certificates of Status <u>Finder</u> directions	FILED 2009 OCT 28 PH 2: 34 SECKETARY OF STATE ALLAHASSEE, FLORIDA						
Special Instructions to Filing Officer:							
WO9-444-EUNT OCT 29 2009							

Office Use Only

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2009

RICARDO RIVERA 1500 SAN REMO AVE. STE 206 CORAL GABLES, FL 33146

SUBJECT: RSV HOLDINGS, LLC Ref. Number: W09000046445

We have received your document for RSV HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6094.

Letter Number: 109A00033337

Agnes Lunt Regulatory Specialist II

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	CT: Rame of Limited Liability Company	
	Mame of Limited Liability Company	
The enc Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid ce, and check are submitted to register the above referenced foreign limited liability company to transact bu	la," Certificate of Isiness in Florida
Please r	return all correspondence concerning this matter to the following: 1/4/10 1/8/14 Name of Person	
	FICAFOO YIVEFA	.
	Name of Person 201	79 egg
	Firm/Company	128
	1500 Saw Remo Ave Ste 206	TILED 0CT 28 PM 2: 34
		1,5
	City/State and Zip Code Crivera @ express equity Lq. com E-mail address: (to be used for future annual report hotification)	i #
:	City/State and Zip Code	
	rrivera @ express equity Lq. com	_
	E-mail address: (to be used for future annual report hotification)	
For furt	ther information concerning this matter, please call:	
	FICARO FLURAR at 305 666-5363	
	Name of Person Area Code & Daytime Telephone Number	_
	MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations	
	Registration Section P.O. Box 6327 Registration Section Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	sed is a check for the following amount:	
1	\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy	Certificate tified Copy

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

IN COMPLIANCE WITH LIMITED LIABILITY COM						UBMITTED	TO REGI	STER A	FOREIGN
1. 25 V (Name of Foreign	Limited Liability Co	ompany; must i	include	"Limited L	iability Comp	any," "L.L.C	C.," or "Ll	LC.")	
(If name unavailable, enter consent of the managers of Company," "L.L.C," "LL	r managing member	opted for the pure sadopting the	urpose o	of transactin	ng business in ne alternate na	Florida and ame must inc	attach a c lude "Lim	opy of the	— ne written bility
2. Delware (Jurisdiction under the			3.						
company is organized)					_				_
4. 8/28/ (Date of	07		5.	P	perpetual	,			
(Date of	Organization)		•	(Duratiøn exist or "p	: Ye ar limited perpetual")	liability con	npany wil	cease to	<u>)</u>
6.							SEC	2009 OCT	
	(Date first transactions 608.5	cted business in 101 & 608.502	n Floric F.S. to	ta, if prior to determine	o registration. penalty liabili) ity)	RETARY AHASSEI	130	
7. 1500	Son Femo	Auc !	Ste	206			JSS) ANV	28	
7. <u> 500</u> <u> </u> Coral	bables	FL.	3314	16	ffice)		OF STATE	P	<u>Lii</u>
(0,41	0400	(Street Add	ress of	Principal O	ffice)		DR S	<u> </u>	ゴ フ
8. If limited liability	company is a ma						D.F.	34	
9. The name and usu							s follow	c•	
	Blanchad								Penr
	,	<i></i>		,			/		_
******	,								_
10. Attached is an original	certificate of existence	e, no more than	190 day	s old, duly a	uthenticated b	y the official	having cu	stody of	records in
the jurisdiction under the la	w of which it is orga	nized. (A photo	ocopy is	not accepta					
translation of the certificate	under oath of the tra	nslator must be	submitt	ted.)			((1		
11. Nature of busines					n Florida: .	h			_
1700	struct in	seal	esh	rte					<u>_</u> .
		fr	- 4						
	Signature of a n (In accordance with s an affirmation under	section 608.408(the penalties of	3)/F.S.,	the execution that the facts	n of this docun	nent constitute are true.)	er. s		
		Typed or pri	ntad =	greare	b pula	-			
	ļ	ypea or prii	inca n	ame of sig	giice				

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 the Limited Liability Company is: 25 U Ifoldings CLC		<u>.</u>
	the alternate to be used in the state of Florida is:		
2. The name a	nd the Florida street address of the registered agent and office are:		-
	FILARD FIVERA (Name)	2009 OCT 2 SECRETAI FALLAHAS	का ग्री मार्स
	1500 SAN PEMO DE SE 206 Florida Street Address (P.O. Box NOT ACCEPTABLE)	CT 28 ETARY (HASSE	
· ·	Florida Street Address (P.O. Box NOT ACCEPTABLE) Non Core 656 FL 33146	PM 2: 34 OF STATE E. FLORID	
•	City/State/Zip	- 5m . -	

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.

(Signature)

\$ 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 THAT "RSV HOLDINGS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2007, AT 10:38 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY, "RSV HOLDINGS, LLC".

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

4413913 8310

090825692

AUTHENTY CATION: 7518095

DATE: 09-09-09

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