# M0900004636

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

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#### **COVER LETTER**

Division of	Corporations
SUBJECT:	The Winvale Group, LLC
	Name of Limited Liability Company
	cation by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all corr	espondence concerning this matter to the following:
	LORI Viera
	Name of Person
	The Winvale Group, LLC
	Firm/Company
	1901 Pennsylvania Ave NW Ste 1000
	Address
	Washington, DC 20006 Cht/State and Zip Code
	Chy/State and Zip Code
	LVIERA @ WINVALE. COM
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
Ke	Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
	Clifton Building
Enclosed is a che	ck for the following amount:
\$125.00	Filing Fee \( \bullet \) \$130.00 Filing Fee & \( \bullet \) \$155.00 Filing Fee & \( \bullet \) \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

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

	APLIANCE WITH D <i>LIABILITY COM</i>							TED TO I	REGISTE	K A FO	<i>IKEI</i> G/V
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(If name	e unavailable, ent	er alternate nan	ne adopted fo	or the purpo	ose of transa	ecting bus	siness in Florid	la and attac	h a copy	y of the	written
	of the managers  y," "L.L.C," "Ll		embers adop	ting the alto	ernate name	. The alte	ernate name mi	ust include	Limite	a Liabii	ity
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(Juris comp	diction under the any is organized)	law of which f	oreign limite	d liability		( F	EI number, if	applicable	)	·	•
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<del>4</del>	(Date o	f Organization)	)		(Dura	tion: Year or "perpet	r limited liabili	ity compan	ywill ce	assto	•
_			N/A		exist	n berber	uai j		L CR	AON	П
6		(Date first t	ransacted bu	siness in Fl	lorida, if pri	or to regi	stration.)		S	<b>V</b> 24	\$
		(See sections							HASSEE, FLORIDA	3>	Π
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		)	(Stre	et Address	of Principa	ıl Office)			A		
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	Brian R David 1.	Dunn			-			·		<del></del>	
	David 1.	Sonde									
10. Atta the jurisc	nched is an origina diction under the l on of the certificat	l certificate of ex aw of which it is	istence, no m s organized. (	ore than 90 A photocop	days old, du by is not acc	ily authen	ticated by the o				ords in
11. Na	ature of busine	ss or purpose	es to be coi	nducted o	or promote	d in Flo	orida:				•
	gore	roment c	contrac	fing ,							
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		(In accordance	with section of under the pen	508.408(3), laltjes of per	F.S., the execution that the	ution of th	ntative of a rais document cond herein are true	nstitutes			
			Tunad	or prints	d name of	Signes	ntroller				
			i ypeu	or brune	a name of	Signed					

#### 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:		
The Winvale Group, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	17 S	
Corporate Creations Network, Inc.	09 NOV 24 SECAL INSTALLAHASS	17
11380 Prosperity Farms Rd #221E	en	m
Florida Street Address (P.O. Box NOT ACCEPTABLE)	AMII: 3: OF STAT EE, FLORI	O
Palm Beach, FL 33410	DA S	
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.

Veronica Paez, Special Secretary

\$ 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 MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE WINVALE GROUP, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 14, 2009.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097