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| Special Instructions to Filing Officer: |
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SEURETARY OF STATE
TALLAHASSEE, FLORID,

D. BRUCE

DEC 4 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

| SUBJECT: | | and of Limited Liability Company | |
|--|---|--|---------------------|
| | N | ame of Limited Liability Company | |
| The enclosed "App Existence, and chec | lication by Foreign Limited Lia ck are submitted to register the | ability Company for Authorization to Transact Business in Florida," Certif above referenced foreign limited liability company to transact business in | icate of Florida |
| Please return all co | rrespondence concerning this m | natter to the following: | |
| | | Bradley Steele Granfield | |
| | | Name of Person | |
| · | STEE | LE STUDIOS Architecture LLC | |
| | | Firm/Company | |
| | | PO Box 1326 | |
| | | Address | |
| | | Sagle Idaho 83860 | |
| | | City/State and Zip Code | |
| | | brad@steelestudios.net ≩ 등 | |
| For further informa | E-mail address: tion concerning this matter, ple | (to be used for future annual report notification) (to be used for future annual report notification) (to be used for future annual report notification) | |
| | Brad Granfield | at (772) 485-1662 \(\frac{772}{27} \) | O |
| | Name of Person | Area Code & Daytime Telephone Number | • |
| Division o Registration P.O. Box | 6327 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle | |
| | ee, FL 32314 | Tallahassee, FL 32301 | |
| Enclosed is a cn | eck for the following amo | ount: | |
| √\$ 125.00 | D Filing Fee \$130.00 Fili Certificate | - | |



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 3, 2009

BRADLEY STEELE GRANFIELD - 772- 485-1662 PO BOX 126

SAGLE, ID 83860

SUBJECT: STEELE STUDIOS ARCHITECTURE LLC

Ref. Number: W09000048830

We have received your document for STEELE STUDIOS ARCHITECTURE 国意 and your check(s) totaling \$125.00. However, the document has not been \(\mathbb{H}\varepsilon\) and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized. must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 Uniting for Cert. Letter Number: 209A00034669

Call when done (850) 245-6984.

Deborah Bruce

Regulatory Specialist II

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 RESIDENCE IN THE STATE OF FLORIDA:

| IMITED LIABILITT COMPAI | OTEELE CTUDIOS | | |
|--|--|--|-------------------|
| (Name of Foreign Li | STEELE STUDIOS nited Liability Company; must include | e "Limited Liability Company," "L.L.C.," or "LLC | ") |
| onsent of the managers or n Company," "L.L.C," "LLC." | nanaging members adopting the altern | of transacting business in Florida and attach a copate name. The alternate name must include "Limite 27-0817129 EIN (FEI number, if applicable) | |
| . 8/27 | 7/2009 5. | Perpetual | |
| (Date of O | rganization) | (Duration: Year limited liability company will coexist or "perpetual") | ease to |
| 5. N/A | | | |
| | (Date first transacted business in Flori Gee sections 608,501 & 608,502 F.S. to | da, if prior to registration.) o determine penalty liability) | |
| 307 Church Street | Sandpoint Idaho 83864 | <u> </u> | 9 |
| | | AHE | 300 |
| | (Street Address of | Principal Office) | |
| • | mpany is a manager-managed c | | M E |
| . The name and usual | business addresses of the manag | ging members or managers are as (B) | ? D |
| Bradley Steele Gr | anfield PO Box 1326 Sagle I | daho 83860 | |
| | • | | |
| 700 | | Approximate to the second seco | |
| | | | <u></u> |
| 0. Attached is an original cer | tificate of existence, no more than 90 day | ys old, duly authenticated by the official having custo | ndy of records in |
| 5 | of which it is organized. (A photocopy i deroath of the translator must be submit | is not acceptable. If the certificate is in a foreign lang tted.) | uage, a |
| 1. Nature of business | or purposes to be conducted or p | promoted in Florida: Architecture | · <u> </u> |
| | | . , / | |
| | Days | etd | |
| (I | | orized representative of a member, the execution of this document constitutes y that the facts stated herein are true.) | |
| | | ele Granfield | |
| - | Typed or printed n | 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: | | |
|--|---------------------------------------|--------|
| STEELE STUDIOS Architecture 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: | SECRE | _ |
| Brad Granfield | E C | ****** |
| (Name) | ≃ ა | |
| · | 원 3 | |
| 8217 SE Pilots Cove Terrace | ₹. ∵ | O |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | 39 | |
| Hobe Sound FL 33455 | | |
| City/State/Zip | | |
| Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all services to the proper and complete performance of my duties, and I am familiar with and a obligations of my position as registered agent as provided for in Chapter 608, Florida States | t as registe statutes ccept the | ered: |

\$ 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 Idaho

Office of the Secretary of State

CERTIFICATE OF EXISTENCE OF

STEELE STUDIOS ARCHITECTURE LLC

File Number W 86313

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed a certificate of organization in Idaho on 20 August 2009.

I FURTHER CERTIFY That the limited liability company has not been dissolved.

Dated: December 1, 2009



Ben yoursa

SECRETARY OF STATE