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TALLANDASSEE, FLARIDA

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EXAMINATE

COOPER OWEN & RENNER, P.C.

1600 BENEDUM TREES BUILDING, 223 FOURTH AVENUE, PITTSBURGH, PENNSYLVANIA 15222 • TELEPHONE (412) 281-9696 • FAX (412) 281-9680

P. Ronald Cooper Jeffrey R. Owen S. Todd Renner Joseph Cafaro, Jr.

Of Counsel:

William E. Goehring

December 23, 2009

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE:

Qualification of Daronimax, LLC

Dear Sir or Madam:

Enclosed for filing please find our cover letter, a completed Application by Foreign Limited Liability Company for Authorization to Transact business in Florida, a Certificate of Designation of Registered Agent/Registered Office and our firm's check in the amount of \$125.00 which is the applicable filing fee for this transaction.

Also enclosed is an additional copy of the Application. Please mark the filing date on this extra copy and return it for insertion into my file using the self-addressed, stamped envelope I have enclosed.

If anything further is required, or if there are any questions, please contact the undersigned. Your assistance in this matter is appreciated.

Very truly yours,

S. Todd Renner

STR/dro

Enclosure

COVER LETTER

SUBJECT: Daronimax, LLC	Name of Limited Liability Company	_ _
The enclosed "Application by Foreign Limited	Liability Company for Authorization to Transact Busines	ce in Florida " Cartificata o
	ne above referenced foreign limited liability company to	
Please return all correspondence concerning thi	s matter to the following:	
S. Todd Renner, Es		
	Name of Person	
<u>Cooper Owen & Ren</u>	ner, P.C.	
	Firm/Company	
223 Fourth Avenue	Suite 1600	
	Address	
Pittsburgh, PA 1	5222-1713	•
	City/State and Zip Code	
trenner@corlaw.com	n	
E-mail addres	s: (to be used for future annual report notification)	•
or further information concerning this matter,	please call:	For E
		TALLAFIA
Todd Renner	at (412) 281-9696	
Name of Person	Area Code & Daytime Telephone Number	28 SS
MAILING ADDRESS:	STREET ADDRESS:	Lu (2) 250
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	Section of the sectio
P.O. Box 6327	Clifton Building	TOPATI COPPINE
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	<u> </u>

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: Daronimax, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Pennsylvania (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 01/14/2004 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3838 Tamiami Trail North, Suite 416, Naples, FL (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here | X 9. The name and usual business addresses of the managing members or managers are as follows Juergen F. Mross, 3900 Rum Row, Naples, FL 34102 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Commodities

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.)

Juergen F. Mross, Managing Member

trading and any other lawful activity

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	s:
Daronimax, LLC	
If unavailable, the alternate to be used in the state	e of Florida is:
2. The name and the Florida street address of the	registered agent and office are:
Juergen F. Mross	
\mathcal{C}	Name)
3900 Rum Row Florida Street Address (P	O. Box NOT ACCEPTABLE)
<u>Naples</u> Ci	FL 34102 FS PS TO TO THE PROPERTY OF THE PROPE
Having been named as registered agent and to acceliability company at the place designated in this cer	ept service of process for the above stated limited criticate, I hereby accept the appointment as registered
agent and agree to act in this capacity. I further ag relating to the proper and complete performance of obligations of my position as registered agent as pr	ree to comply with the provisions of all stables = my duties, and I am familiar with and accept the ::
Juergen F. Mross(Signature)	
oder gen r. mross(signature)	
	ng Fee for Application
\$ 30.00 Cer	ignation of Registered Agent tified Copy (optional)
\$ 5.00 Cer	tificate of Status (optional)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

DECEMBER 17, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DARONIMAX, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: 8477053-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp