# M1000000438

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

Office Use Only



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S. HAWKES
FEB 2 2010
EXAMINER

#### ·Tanovations, LLC.

3874 Tampa Road Oldsmar, Florida 34677

Jeffrey Mark Sherman, General Counsel <a href="mailto:shrmlw@cs.com">shrmlw@cs.com</a>

Phone (813)855-0700 Fax (813) 925-3585

January 27, 2010

Division of Corporations Registration Section PO Box 6327 Tallahassee, Fl 32314

Re: Filing for Authority to do Business in Florida

Dear Sirs:

Enclosed please find our appropriately executed forms together with our check and the California Certificate for filing.

Thank you.

Sincerely,

Jeffrey Mark Sherman

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT:	Tanovations, LLC Name of Limited Liability Company	
		ted Liability Company for Authorization to Transact Business in Florier the above referenced foreign limited liability company to transact b	
Please	return all correspondence concerning	this matter to the following:	
		Jeffrey Sherman	_
		Name of Person	
		Firm/Company	_
		3874 TAMPA ROAD	
		Address	_
		OLDSMAR, FL 34677	_
		City/State and Zip Code	-
	F-mail ad	shrmlw@cs.com  lress: (to be used for future annual report notification)	_
For fur	ther information concerning this mat	•	
	Jeffrey Sherma		_
	Name of Person	Area Code & Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclos	sed is a check for the following	amount:	
		0 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, ficate of Status Certified Copy of Status & Cert	

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

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN
ı	Tanovations LLC	11
••	Tanovations, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "EEC.")	FILED
	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the v	vritten
	nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilitimpany," "L.L.C," "LLC.")	iy S
2.	California  Jurisdiction under the law of which foreign limited liability  3. 26-2871746  (FEI number, if applicable)	
ò	company is organized)	
4.	7/29/2008 <sub>5.</sub> perpetual	
	7/29/2008 5. perpetual  (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
	exist of perpetual )	
6.	(Date first transacted business in Florida, if prior to registration.)	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	3874 tampa road	
•		
	oldsmar, fl 34677  (Street Address of Principal Office)	
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	
	in the second of	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Hardy Tan, LLC by Santo Carollo, its managing member	
	The state of the s	
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recor	rle in
	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	CO III
rans	slation of the certificate under oath of the translator must be submitted.)	
	No. 21 1 Madeline and Distribution	
li.	Nature of business or purposes to be conducted or promoted in Florida: Marketing and Distribution	
	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.)	
	Jeffrey Sherman	
	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:	THE PART OF THE PA
Tanovations, LLC	8
If unavailable, the alternate to be used in the state of Florida is:	SSECTION STATES
2. The name and the Florida street address of the registered agent and office are:	
Jeffrey Sherman	
(Name)	-
3874 Tampa Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	•
oldsmar FL 34677	
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.

(Signature)

\$ 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 California

### Secretary of State

#### **CERTIFICATE OF STATUS**

ENTITY NAME: TANOVATIONS, LLC

**FILE NUMBER:** 200821110182 **FORMATION DATE:** 07/29/2008

TYPE: DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 14, 2010.

DEBRA BOWEN Secretary of State