Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000043193 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: AGENTS AND CORPORATIONS, INC Account Name

Account Number : I20010000112 Phone

Fax Number

: (302)575-0875 : (302)575-0925

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA/FOREIGN LIMITED LIABILITY CO.

U.S. Legal Providers LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. BRYAN

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 2 6 2009

H10000043193 3

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

u.s.	Legal Provi	ders I.I.C.	
(Name of Foreign Limited Liability Company	y; must include "L	imited Liability Company," "	L.L.C.," or "LLC.")
ame convallable, enter alternate mane adopted i sent of the managers or managing members adop apany," "L.L.C," "LLC.")	for the purpose of to oting the alternate i	ransacting business in Florida name. The alternate name tous	and anach a copy of the wrist include "Limited Liability
	2	,	
DELAWARE unsdiction under the law of which foreign limits ompany is organized)	ed liability	(FEI number, if a	pplicable)
7/20/2009	•	•	;
7/20/2009 (Date of Organization)		Duration: Year limited liability cist or "perpetual")	y company will cease to
		· ;·	
(Date first immsacted by (See sections 608,501 &	ishoes in Plorida, 608,502 P.S. to de	f prior to registration.) termine penalty liability)	SE 5
5340 Central Aves, St. P	eteroburg. 1	PL 39707	<u> </u>
			要四日
/84-	eet Address of Pri	nginal Offica)	22 & 25 - C
			ḿ≺ —
If limited liability company is a manage	r-managed comp	pany, check here	F 2
The name and usual business addresses	- # - I		
The name and name onemess addresses	or tue managang	mentoers or managers a	
Shawn Adron - 5340 Centr	al Ave., St.	Petershurg, FL 33	707
,			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·
Anached is an original certificate of existence, no n	nccethen 90 days of	d, duly authoricated by the off	icial passing consody of recon
unsdiction under the law of which it is organized. Slation of the certificate under oath of the translator			हेर के प्रतिकारिक क्षेत्र के एक विकास करते हैं। इस के किया किया किया किया किया किया किया किया
assign of the designation rates designed on the statement.	tings to a sample	, , ,	•
Nature of business or purposes to be co	nducted or pror	noted in Florida:	
Any and all lawful busin		+ A.	
	477		· · · · · · · · · · · · · · · · · · ·
Signature of a memb	er or an amhorb	red representative of a m	ember.

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:	
U.S. LEGAL PROVIDERS 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:	10
AGENTS AND CORPORATIONS, INC. (Name)	FEB 25 CRETAR LAHASS
300 FIFTH AVENUE SOUTH, STE 101-330 Florida Street Address (P.O. Box NOT ACCEPTABLE)	AN IO: I
Naples FL 34102 City/State/Zip	AGE TE

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.

\$ 100.00 Filing Fee for Application

(Signature)

\$ 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 "U.S. LEGAL PROVIDERS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED

10 FEB 25 AM 10: 13

SECRETARY OF STATE
FALLAHASSEF FIGURE

4711125 8300

100123921

AUTHENTICAT

Jeffrey W. Bullock, Secretary of State 72CATION: 7804547

DATE: 02-09-10

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