Florida Department of State

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FLORIDA/FOREIGN LIMITED LIABILITY CO. **MUSUE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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S. HAWKES

_FEB **2 6** 2010

EXAMINER

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(((H100000433523)))

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

	(Name of Foreign	MUSUE LLC Limited Liability C	ompany)	Sin
	STATE OF DELAWARE			, 所会至
isdi ipan	ction under the law of which foreign limited y is organized)	I liability	13-6364963 (FEI number, if app	
	07/19/2007	5.	PERPETUA	
	(Date of Organization)	(Dura exist o	tion: Year limited liability cor "perpetual")	ompany will cease to
		UPON FILING		
	(Date first transacted busi (See sections 608.50) & 60	ness in Florida, if pri	or to registration.)	
	•	PANISH RIVER B	,,	
	103 NW 3	PANSI NIVER B	LAD #100	
	BOCA RATON		· -	3431
	, (Stree	t Address of Princips	al Office)	
f limi	ted liability company is a manager-r	nanaged company	, check here 🔀	
31				0.41
i ne na	ame and usual business addresses of	the managing me	mbers or managers are	as tollows:
	MANAGER:			
KINS/	AN MANAGEMENT CORP. 185 NW SPA	NISH RIVER BLVD (100 BOCA RATON	FL 33431

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.)

ANDREW M. SCHREIER, AS VP OF MANAGER: KINSAN MANAGEMENT CORP.

Typed or printed name of signee

State, including, but not limited to, dealing in all manner and nature with properties of all kinds.

(((H100000433523)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECUNDERSIGNED LIMITED LIABILITY CONTO DESIGNATE A REGISTERED OFFICE AFLORIDA.	MPANY SUBMI	ITS THE FOLLOWING STATEMEN	HE THE		
1. The name of the Limited Liability Compa	ny is:	FLOT	یں		
M	USUE LLC	All Control	. 60		
2. The name and the Florida street address of	f the registered a	agent and office are:			
National Corp	orate Research,	Ltd., Inc.			
	(Name)				
515 E	ast Park Avenue	e			
Florida Street Addre	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Tallahassee	FL City/State/Zip	32301			
Having been named as registered agent and to a liability company at the place designated in this agent and agree to act in this capacity. I furthe relating to the proper and complete performance obligations of my position as registered agent a	s certificate, I her r agree to comply se of my duties, as	reby accept the appointment as register by with the provisions of all statutes and I am familiar with and accept the	red		

Lelly A. Hemphill, Asst Secre hary
(Signer Name and Title)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

(((H10000043352 3)))

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MUSUE 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MUSUE LLC"
WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4392159 8300

100198795

You may verify this certificate online at corp. delaware.cov/authver.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 02-24-10