

To: Suzanne Hawkes Page 3 of 3

2010-03-09 11:32:41 EST

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6293

From:

Account Name : GREENBERG TRACIS - FORT LAUDERDALE
Account Number : 120040000148
Phone : (954) 765 0500
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
USGN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	63
Estimated Charge	\$125.00

S. HAWKES

MAR 10 2010

EXAMINER

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March 9, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREENBERG TRAURIG - FORT LAUDERDALE

SUBJECT: USGN, LLC
REF: W10000011776

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H10000052894
Letter Number: 910A00005751

Fax Audit No: H10000052894 3

FILED
10 MAR -9 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. USGN, LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLCO")

(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," "LLC," "LLCO")

2. DELAWARE 3. 27-2046/36
(Jurisdiction under the law of which foreign limited liability company is organized) (File number, if applicable)

4. MARCH 4, 2010 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. MARCH 4, 2010
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 2800 GATEWAY DRIVE
POMPANO BEACH, FL 33069
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

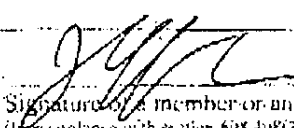
2800 GATEWAY DRIVE

POMPANO BEACH, FL 33069

MGMS: GREEN BULLION FINANCIAL SERVICES, LLC

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 DIRECT MARKETING


Signature of a member or an authorized representative of a member.
(In compliance with section 608.40(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JEFFREY ARONSON
Typed or printed name of signee

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Fax Audit No: H10000052894 3**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:

USGN, 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:

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4Florida Street Address (P.O. Box NRAI ACCOUNTING)Weston, FL 33331

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)

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "USGN, 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 EIGHTH DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "USGN, LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2010.

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

FILED
10 MAR -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4795779 8300

100255905

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7854422

DATE: 03-08-10

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