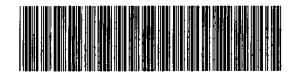
# MIO 00000 1398

| (Requestor's Name)                         |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
| (Address)                                  |  |  |  |  |
|  |  |  |  |  |
| (Address)                                  |  |  |  |  |
| (100,000)                                  |  |  |  |  |
|  |  |  |  |  |
| (City/State/Zip/Phone #)                   |  |  |  |  |
|  |  |  |  |  |
| PICK-UP WAIT MAIL                          |  |  |  |  |
|  |  |  |  |  |
| (Business Entity Name)                     |  |  |  |  |
| (2-3-11-3-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4- |  |  |  |  |
|  |  |  |  |  |
| (Document Number)                          |  |  |  |  |
|  |  |  |  |  |
| Certified Copies Certificates of Status    |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Special Instructions to Filing Officer:    |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| _  |  |  |  |  |
| ·  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Office Use Only



200171971512

03/24/10--01033--006 \*\*155.00



S. HAWKES

MAR 2 5 2010

EXAMINER

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT: _       |   |              | Management, LLC mited Liability Company |  |  |
|------------------|---|--------------|---|--|--|
|                  | Application by Foreign Limited Li check are submitted to register the |              |   |  |  |
| Please return al | l correspondence concerning this                                      | natter to th | ne following:                           |  |  |
|                  |   |              | ean M. Leder                            |  |  |
|                  |   | 18           | rame of Ferson                          |  |  |
|                  | TSL   |              | ent Management, LLC                     | · · · · · · · · · · · · · · · · · · ·        |  |
|                  |   | F            | irm/Company                             |  |  |
|                  | 475   | 5 Techn      | ology Way, Suite 202                    |  |  |
|                  |   |              | Address                                 |  |  |
|                  | В.  | oca Rate     | on, FL 33431-3338                       |  |  |
|                  | Boca Raton, FL 33431-3338  City/State and Zip Code                    |              |   |  |  |
|                  |   | asmall@      | () ledergroup.com                       |  |  |
|                  | E-mail address:   | (to be use   | d for future annual report not          | ification)                                   |  |
| For further info | rmation concerning this matter, pl                                    | ease call:   | ·                                       |  |  |
|                  | Angela Small  |              | at (561)                                | 807-2767                                     |  |
|                  | Name of Person  | Are          | ea Code & Daytime Telephon              | e Number                                     |  |
|                  | ING ADDRESS:  |              | ET ADDRESS:                             |  |  |
|                  | on of Corporations ration Section                                     |              | on of Corporations ration Section       |  |  |
|                  | ox 6327   | Cliftor      | n Building                              |  |  |
| I allah          | assee, FL 32314   |              | Executive Center Circle assee, FL 32301 |  |  |
| Enclosed is a    | check for the following amo   | ount:        |   |  |  |
| \$12             | 5.00 Filing Fee \$130.00 Fil<br>Certificate                           |              | \$155.00 Filing Fee & Certified Copy    | \$160.00 Filing Fee, Ce of Status & Certific |  |

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

|   | COMPLIANCE WITH SECTION 608.5()3, FLORIDA STATUTES,<br>MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST |   | A FOREIGN     |  |  |
|---|---|---|---------------|--|--|
| 1   | TSI Investment Ma   | anagement IIC   | 5 1           |  |  |
| 1.  | TSL Investment Ma (Name of Foreign Limited Liability Company; must include                                    | "Limited Liability Company," "L.L.C.," of JUC.")                                | 2             |  |  |
|   |   |   | 120           |  |  |
|   | name unavailable, enter alternate name adopted for the purpose  |   |               |  |  |
|   | nsent of the managers or managing members adopting the alterna impany," "L.L.C," "LLC.")                      | ite name. The alternate name must include "Limited                              | Liability     |  |  |
|   |   | 20.4040700  | 多次            |  |  |
| 2.  | Delaware (Jurisdiction under the law of which foreign limited liability)                                      | 26-1910526<br>(FEI number, if applicable)                                       | 7             |  |  |
|   | company is organized)   | ( PET tumber, it applicable)  |               |  |  |
| 4.  | 02.06.2008  | N/A   |               |  |  |
| ''  | (Date of Organization)  | N/A  (Duration: Year limited liability company will cease exist or "perpetual") | se to         |  |  |
|   |   | exist of perpetual )  |               |  |  |
| 6.  | N/A (Date first transacted business in Florid   | la if prior to registration   |               |  |  |
|   | (See sections 608.501 & 608.502 F.S. to   | determine penalty liability)  |               |  |  |
| 7   | 4755 Technology Way, Suite 202, Boca Raton, I   | FL 33431-3338   |               |  |  |
| ٠.  |   |   |               |  |  |
|   |   | D   |               |  |  |
|   | (Street Address of  | Principal Office)   |               |  |  |
| 8.  | If limited liability company is a manager-managed co  | ompany, check here 🗸  |               |  |  |
|   |   | <u> </u>  |               |  |  |
| 9.  | The name and usual business addresses of the manag  | ing members or managers are as follows:   |               |  |  |
|   | Sean M. Leder - 4755 Technology Way, Suite 2  | 202, Boca Raton, FL 33431-3338  |               |  |  |
|   |   |   |               |  |  |
| Natalie Leder - 4755 Technology Way, Suite 202, Boca Raton, FL 33431-3338 |   |   |               |  |  |
|   |   |   |               |  |  |
|   |   |   |               |  |  |
| 10  | . Attached is an original certificate of existence, no more than 90 day                                       | s old, duly authenticated by the official having custody                        | of records in |  |  |
|   | jurisdiction under the law of which it is organized. (A photocopy is  |   |               |  |  |
| tra   | nslation of the certificate under oath of the translator must be submitt                                      | ed.)  |               |  |  |
| 11  | . Nature of business or purposes to be conducted of p   | romated in Florida: Investment Managen  | nent          |  |  |
| 1 1   | . Nature of business of purposes to be conducted of p   | romoted in Florida.   |               |  |  |
|   | //  |   | ·             |  |  |
|   | 1.  |   |               |  |  |
|   | Si and Si d   |   |               |  |  |
|   | Signature of a member or arrauthout (In accordance with section 608.408(3), F.S.,                             | orized representative of a member.  |               |  |  |
|   | an affirmation under the penalties of perjury   |   |               |  |  |
|   | Sean M  |   |               |  |  |
|   | Typed or printed n  | ame 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:                     | ************************************** |
|--|--|
| TSL Investment Management, LLC                                       | 15 TO 10                               |
| If unavailable, the alternate to be used in the state of Florida is: | T. S. TATE<br>F. FLORIDA               |

2. The name and the Florida street address of the registered agent and office are:

| Sean N                     | Л. Leder                      |
|----------------------------|-------------------------------|
| (N                         | ame)                          |
|                            |                               |
| 4755 Technolog             | y Way, Suite 202              |
| Florida Street Address (P. | O. Box <u>NOT</u> ACCEPTABLE) |
|                            |                               |
| Boca Raton, I              | FL <sub>1</sub> 33431-3338    |

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)

## Delaware

PAGE 1

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "TSL INVESTMENT MANAGEMENT, 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 EIGHTEENTH DAY OF MARCH, A.D. 2010.

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

10 MAR 24 PH 3: 25
SECRETARY OF STATE
TALL ANASSEF FLORIDA

4500769 8300

100293341

Jeffrey W. Bullock, Secretary of St AUTHENTY CATION: 7879306

DATE: 03-18-10

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