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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer.
A. LUNT
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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT:Enporion, LLC		
	Name of Limited Liability Company		
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floric ce, and check are submitted to register the above referenced foreign limited liability company to transact bu		
Please r	eturn all correspondence concerning this matter to the following:		
	George M. Gordon	_	
	Name of Person		
	Enporion, LLC	_	
	Firm/Company		
	302 Knight's Run Ave, Suite 1050	_	
	Address $\frac{50}{5}$	2016	
	Tampa, FL 33602	7010 JUN	T
	City/State and Zip Code		
	ggordon@enporion.com	_P	Π
For furtl	E-mail address: (to be used for future annual report notification) her information concerning this matter, please call:	1:12	
	George M. Gordon at (813) 864-8190		
	Name of Person Area Code & Daytime Telephone Number	-	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclos	ed is a check for the following amount:		
[\$125.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & }\text{\$155.00 Filing Fee & }\text{\$160.00 Filing Fee, }\text{ of Status & Certified Copy }\text{ of Status & Certified Copy }\text{\$160.00 Filing Fee, }\text{ of Status & Certified Copy } of Status & Ce		

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Enporion, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (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," "L.L.C," "LLC.") Delaware, USA (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) March 31, 2010 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") Upon Registration (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 302 Knight's Run Ave, Suite 1050 Tampa, FL 33602 (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: George M. Gordon 302 Knight's Run Ave, Suite 1050 Tampa, FL 33602 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.) Electronic commerce 11. Nature of business or purposes to be conducted or promoted in Florida: services Signature of a mortiber 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.) Gordon

Exped 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:		
Enporion, LLC		_
If unavailable, the alternate to be used in the state of Florida is:		
	20 O	_
2. The name and the Florida street address of the registered agent and office are:	LI NIT	
George M. Gordon		
(Name)		
302 Knight's Run Ave, Suite 1050	東州 副	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_	
Tampa, FLF\$3602		
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 profer 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)



PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ENPORION, 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 FOURTH DAY OF JUNE, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EMPORION, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2010.

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

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AUTHENTICATION: 8035285

DATE: 06-04-10

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