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SECRETARY OF STATE OF STATE OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Issa, LLC	
Nam	e of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this mat	ner to the following:
Philippe Issa	
	Name of Person
Issa,LLC	
	Firm/Company
415 Morningside Avenue)
	Address
Linden, New Jersey 0703	6
	City/State and Zip Code
info@designcenteronli	ine.com o be used for future annual report notification)
For further information concerning this matter, pleas	e call:
Philippe Issa	at (908) 416-5652
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Fee	Tallahassee, FL 32301 nt: e & \$\Bigcip\\$155.00 Filing Fee & \$\Bigcip\\$160.00 Filing Fee, Certificate
☐ Certificate of State	us Certified Copy of Status & Certified Copy



December 10, 2010

PHILIPPE ISSA 415 MORNINGSIDE AVE. LINDEN, NJ 07036

SUBJECT: ISSA, LLC

Ref. Number: W10000057284

We have received your document for ISSA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited"may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC."

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the

records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 610A00028667

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing		
Members of Tsa LLC (Name of Limited Liability Company)	_,	
(Name of Lumited Liability Company)		
a limited liability company duly organized and existing under the laws of		
(State or Country of Organization)		
Because the name of this foreign limited liability company does not satisfy the		
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the	:	
following name to transact business in the state of Florida:		
ISSA Design, LK		
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)		AIO.
Date: 12/18/10	O DEC	SION
Signature(s) of Manager(s) and/or Managing Member(s):	28	
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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 RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
ı. Issa, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
Issa Design, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wriconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
2. New Jersey 3. 22-3662-509	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4. 01/2000 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 415 Morningside Avenue	
Linden, New Jersey 07036 (Street Address of Principal Office))))
	1 4 3
8. If limited liability company is a manager-managed company, check here	77
9. The name and usual business addresses of the managing members or managers are as follows: ω	の 7 か 最
Philippe Issa-415 Morningside Avenue, Linden, New Jersey 07036	<u>τ</u>
Johnny Issa-415 Morningside Avenue, Linden, New Jersey 07036	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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 eath of the translator must be submitted.)	s in
11. Nature of business or purposes to be conducted or promoted in Florida:	
Signature of a partition or an authorized representative of a growther	
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	

Typed or printed name of signee

Philippe Issa

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:	
Issa, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
Issa Design. LLC	
2. The name and the Florida street address of the registered agent and office are:	ei.
Philippe Issa	SECRET JIVISION TO DEC
(Name)	EC 2
1700 Embassy Drive, Suite 504	~ 등실
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 3:
West Palm Beach FL 33401	F 5
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)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY SHORT FORM STANDING

ISSA L.L.C.

0600070408

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 23, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Philippe Issa 415 Morningside Ave. Linden, NJ 07036

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Certification# 118979632

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of December, 2010

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp