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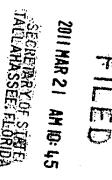
(Re	equestor's Name)	
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PICK-UP	☐ WAIT ☐ MAIL	
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	_
Special Instructions to	Filing Officer:	
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Office Use Only



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J. SAULSBERRY EXAMINER MAR 2 3 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Conclave Consulting G			
Nan	ne of Limited Liability Company		
	pility Company for Authorization to Transact Business in bove referenced foreign limited liability company to trans		
Please return all correspondence concerning this ma	atter to the following:		
Michelle E. Young			
	Name of Person		
Conclave Consulting Grou	ıр LLC		
	Firm/Company		
1543 2nd Street, suite 1			
	Address	=	
Sarasota, FL 34236		2011 MAR 21 SECRETAR ALLAHASSI	
	City/State and Zip Code	R	
young@conclavegrp.c	com	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	o be used for future annual report notification)	# >	M
For further information concerning this matter, pleas	se call:	AM 10: 45	O
Michelle E. Young	at (941) 894-3003	- 4.	
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 Tallahassee, FL 32301		
Enclosed is a check for the following amoun \$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	e & \$155.00 Filing Fee & \$160.00 Filing Fee, (

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:			
1. Conclave Consulting Group 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 busin consent of the managers or managing members adopting the alternate name. The alternate company," "L.L.C," "LLC.")			
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-4724616 (FEI	number, if applicable)	-
4. February 29, 2005 5. perpetual (Duration: Year II	imited liability compa	nny will cease to	-
6. NA (Date first transacted business in Florida, if prior to registr	ŕ		_
(See sections 608.501 & 608.502 F.S. to determine penalty	liability)		
7. 6 Shanlyn Drive		7A 28	_
Wilmington, DE 19807	,		
(Street Address of Principal Office)		R 2	
8. If limited liability company is a manager-managed company, check h	ere 🗌	100 M	I.
9. The name and usual business addresses of the managing members or	managers are as fo	AM ID: 45	O
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticathe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the translation of the certificate under oath of the translation must be submitted.)	ated by the official hav e certificate is in a fore	ing custody of reco sign language, a	ords in
11. Nature of business or purposes to be conducted or promoted in Flori	da: Consulting	on matters	
including corporate due diligence, compliance, fraud and	l investigations	.	
Muchul 14x			
Signature of a member or an authorized representa	tive of a member.		
(In accordance with section 608.408(3), P.S., the execution of this document co			
penalties of perjury that the facts stated herein are true. I am aware that any document to the Department of State constitutes a third degree felony	false information sub-	mitted in a	
Michelle E. Young	as provided for in \$.61	17.133, F. 3.)	

Typed 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 Con	npany is:		
Conclave Consulting Group	LLC		
If unavailable, the alternate to be used in t	the state of Florida is:		
CCG, LLC			
2. The name and the Florida street addres	s of the registered agent and office	e are:	
Michelle E. Young		Ža. ~	
	(Name)	OLLA SECH	
1543 2nd Street, sui	te 101	MAR 2	
Florida Street Ac	ddress (P.O. Box NOT ACCEPTABLE)		
Sarasota	_{FL} 34236	AM 10: 45	Ö
	City/State/Zip	5	
Having been named as registered agent and liability company at the place designated in agent and agree to act in this capacity. I fur relating to the proper and complete perform obligations of my position as registered age.	this certificate, I hereby accept the rther agree to comply with the proviance of my duties, and I am familia	appointment as registered visions of all statutes ar with and accept the	đ

\$ 100.00 Filing Fee for Application

\$ 30.00 \$ 5.00

\$ 25.00 Designation of Registered Agent **Certified Copy (optional)**

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 "CONCLAVE CONSULTING GROUP, 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 TENTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONCLAVE CONSULTING GROUP, LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2005.

2011 MAR 21 AM 10: 45
SECRETARY OF STATE

3964095 8300

110284448

AUTHENTA CATION: 8615108

DATE: 03-10-11

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