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DIVISION OF CORPORATION

COVER LETTER

	tion Section of Corporations
SUBJECT: Q	Squared Design, LLC
	Name of Limited Liability Company
The enclosed "Ap Existence, and ch	oplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of eeck are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all o	correspondence concerning this matter to the following:
	Marianne LePera
•	Name of Person
c •	
	Marianne LePera, Esq.
	Firm/Company
	3951 Villmoor Ln
•	Address
	Fort Myers, FL 33919
	City/State and Zip Code
	mhlepera@aol.com
_	E-mail address: (to be used for future annual report notification)
For further inforr	nation concerning this matter, please call:
Maria	nne LePera _{at (} 239) <u>220-8269</u>
	Name of Person Area Code & Daytime Telephone Number
	NG ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
	tion Section Registration Section
P.O. Bo Tallahas	x 6327 Clifton Building see, FL 32314 2661 Executive Center Circle
-	Tallahassee, FL 32301
	check for the following amount: Filing Fee \$\bigsup \\$130.00 \text{Filing Fee & Certificate} \bigsup \\$155.00 \text{Filing Fee & Certificate} \text{of Status} \\ Certificate \text{Certified Copy} \\ \text{Certified Copy} \\ \text{S160.00 Filing Fee, Certified Copy} \\ \text{of Status & Certified Copy} \\ \text{Order} \\

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:

1. d s	Squared Design, 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 writte
	of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Compar	y," "L.L.C," "LLC.")
2. Del	aware 3. 26-4291546
	diction under the law of which foreign limited liability (FEI number, if applicable) any is organized)
4. Oc	tober 9, 2008 5. perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6 UD	on FL approval
U. <u>- F</u>	(Date first transacted business in Florida, if prior to registration.)
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 39	51 Villmoor Ln, Ft. Myers, 33919
-	
	(Street Address of Principal Office)
1	(Street Address of Philicipal Office)
8. If \	mited liability company is a manager-managed company, check here
9. The	e name and usual business addresses of the managing members or managers are as follows:
N.	ncy Young Mosny, Rudolf Young Mosny, Antonello Magris, Manfredi Magris
<u> </u>	moy roung meeny, reason toung meeny, memore magney memore magney
C	o Q Squared Design, LLC 3951 Villmoor Ln, Ft. Myers, FL 33919
10 4#	ached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
	diction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	on of the certificate under oath of the translator must be submitted.)
11 27	ci i all lawful husiness
H. N	ature of business or purposes to be conducted or promoted in Florida: all lawful business
	X Nomez Morny, CEO
	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.)
	Nancy Young Mosny
	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.

ce are:	
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	\$ 5m
	ce are:

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.

(Signáture)

\$ 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 "Q SQUARED DESIGN, 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 ELEVENTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "Q SQUARED DESIGN, LLC" WAS FORMED ON THE NINTH DAY OF OCTOBER, A.D. 2008.

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

4610692 8300

110290517

AUTHENTY CATION: 8618807

Jeffrey W Bullock, Secretary of State

DATE: 03-11-11

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