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(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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ELJANIANA DE STATE

B. BOSTICK
MAY - 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporat	ions			
SUBJECT:	CUSA Name of	1 (C C) Limited Liability Company	<u> </u>	
The enclosed "Application by Existence, and check are subn	Foreign Limited Liability nitted to register the above	Company for Authorization referenced foreign limited li	to Transact Business in Florida," Cer ability company to transact business	tificate of in Florida
Please return all corresponden	ce concerning this matter t	to the following:		
	SHRIST.	AN GOR	Loff	
		Name of Person		
		Firm/Company		
100	S. Pon	ute DR.	#2903	
		Address		
MA	Mi BEACL	4, Flori	SA 33139	
		ty/State and Zip Code		
_G	E-mail address: (to be	used for future annual report	t notification)	
For further information concer				
CHRISTI	m Gorlot	4 at (786)	556 9139	
Na	me of Person	Area Code & Daytime Telep	phone Number	
MAILING ADDRE Division of Corporat	ions Div	REET ADDRESS: vision of Corporations	APR 28	
Registration Section P.O. Box 6327		gistration Section ifton Building	111-	i and prompts
Tallahassee, FL 3231	4 260	61 Executive Center Circle Ilahassee, FL 32301	PH 3: 22 DF STATE DF FLORID	S
Enclosed is a check for th	ne following amount:		22 RIDA	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy	

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 CUSA1 LLC
1. CUSA1 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.")
7 . 1
2. James Significant Significa
4. (Date of Organization) 5. (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 4711
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7
MIMMI BEACH, FIA 33139
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 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:
Christian Gorloff, 100 South Pointe Dr. Apt 2903, Miami Beach, FL 3313
Laurent Benzaquen, 450 Alton Road Apt 605, Mian: Beach, FL 32179
FL 33139
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.)
11. Nature of business or purposes to be conducted or promoted in Florida:
PURPOSE (CC
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

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:	_
If unavailable, the alternate to be used in the state of Florida is:	
(Name)	Section of the sectio

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.

\$ 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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUSA1 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 APRIL, A.D. 2011.

11 APR 28 PM 3: 23

ARY'S OF COMMENT OF CO

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AUTHENTICATION: 8700510

DATE: 04-18-11