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SECREASSEE FLORIDA

MAY -2 2011

EXAMINER

COVER LETTER

	tration Section ion of Corporations
SUBJECT: _	CASWELL VIACHOS GROUP LLC Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return a	Il correspondence concerning this matter to the following:
	CASWELL VLICHTS GRAP, LLC Firm/Company
	- 10 / D. A
	Address Onte Vesas Berest Fc. 32082 City/State and Zip Code City/State and Zip Code
	City/State and Zip Code L/acules & Cus Well/(aches. Come To
For further info	E-mail address: (to be used for future annual report notification) Description or matter, please call:
	Name of Person Area Code & Daytime Telephone Number
Divisi Regis P.O. I	LING ADDRESS: stration of Corporations tration Section Box 6327 clifton Building massee, FL 32314 Clifton Building Clare Center Circle Tallahassee, FL 32301
Enclosed is a	a check for the following amount: 00 Filing Fee \$\int \frac{1}{3}

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

	CASWELL "		S INTHE STATE O	ed Liability Compa			
(Name of	Foreign Limited Lia	bility Company; m	ust include "Limit	ed Liability Compa	ıny," "L.L.C.," (or "LLC.")	•
							
	able, enter alternate r anagers or managing						
Company," "L.L.							•
. <i>M</i>	MINE nder the law of whice		3.	26-	177538	ψ	
(Jurisdiction us	nder the law of whice	h foreign limited l	ability	(FEI numbe	r, if applicable)		
			_	0.0	. 0		
•	(Date of Organization	on)	5. <u>(Dura</u>	ation: Year limited	liability compan	y will cease to	
			exist	or "perpetual")		₹	
·	(Data E		on in Florida if no				
	(See section	ns 608.501 & 608	.502 F.S. to detern	ior to registration.) iine penalty liability	y)	AH.	CHIQUE P
	781	VERANSA	Er.			283 217 83 83 83	STATE OF STREET
	0	-1 1	11 -	03			
	(10)	Tland, Street	Address of Princip	03	 		
		(Street	Address of Fillerp	ai Oilice)		5: 37 TATE ORID	
. If limited li	ability company	is a manager-m	anaged compan	y, check here 🗌])A	
The name a	and usual busines	s addresses of t	ne managing m	embers or manag	ners are as fol	llowe.	
	ina asaan basines			embers of manag			. _
u on	EDHEN O.	VLACHOS	- 279 Ge	11 Cipele	Vonte Vec	RA Fl.	5208
u On	2044N ().	Mueu	281 VERA	nss St. (Portland	Me. OY	520 E 403
Rm 6	204EN ().	Aswen	281 VeA4	11 Cipele NSA St. 1	Portland	Me. OY	520 E
Rm 6	204EN ().	Aswen	281 VeA4	11 Cipele	Porte Ver	Me. 04	520 E 403
RM G	original certificate of	existence, no more	than 90 days old, d	uly authenticated by	the official havir	ng custody of reco	
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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:		
CASWELL VERCHOS GROUP, LLC		-
If unavailable, the alternate to be used in the state of Florida is:		
STEPHEN P. VLANHOS, LLC		
2. The name and the Florida street address of the registered agent and office are:	T _{cc}	
STEPHEN P. VLACHOS	11 APR 28	czecyacy N j
(Name)	ASSE	-
249 Eve Cipele		
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 3: 37 FINTE FLORIDA	
Conte Vesas Beach 32082	A	
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 Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and that the paper to which this is attached is a true copy from the records of this Department.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-fifth day of April 2011.

Charles E. Summers, Jr. Secretary of State

Additional Addresses

	Title	Name	Charter #	Status			
CASWELL VLACHOS GRÖÜP,	Registered	RODERICK R. ROVZÁR	20082082DC	GOOD STANDING			
LLC	Agent						
Home Office Address (of foreign entity) Other Mailing Address							
415 CONGRESS STREET							
PORTLAND, ME 04101							

11 APR 28 PM 3: 22:06

SEUNE WHY SF STAR 12:02:06

Authentication: 1795-035