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PICK-UP WAIT MAIL	
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Special Instructions to Filing Officer:	
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FILED 11 MAY -2 PM 2: 18 SECRETARY OF STATE ALCAHASSEE, FLORIDA

W11-21544

J. BRYAN

MAY - 3 2011

EXAMINER

COVER LETTER

SUBJECT:	EVERGLADES INDI	Name of Limited Liability Company
		Name of Emilica Elability Company
		Liability Company for Authorization to Transact Business in Florida," Certificate of ne above referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this	s matter to the following:
	EDWIN T GRE	
		Name of Person
	Elliage LANCE LLIAM	
	EVERGLADES INDUS	Firm/Company
		LAR H
	649 6TH AVE SE	Address SET R
		Address Address
	NAPLES FLORIDA	
	NAPLES PLONEIDA	City/State and Zip Code
		#
	TYGROFF @ 6M410 E-mail addres	L. COM ss: (to be used for future annual report notification)
Can fauthan in		
ror turther in	formation concerning this matter, p	piease cail.
	TY GROFF	at (239) 692-9884
	Name of Person	Area Code & Daytime Telephone Number
<u>MA</u>	ILING ADDRESS:	STREET ADDRESS:
	sion of Corporations	Division of Corporations
	istration Section Box 6327	Registration Section Clifton Building
	ahassee, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301
Enclosed is	s a check for the following an	nount:
	s a check for the following an 5.00 Filing Fee \$130.00 Filing Certificate of	g Fee & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certificate



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2011

EDWIN T GROFF EVERGLADES INDUSTRIES LLC 649 5TH AVE SOUTH SUITE 212 NAPLES, FL 34105

SUBJECT: EVERGLADES INDUSTRIES LLC

Ref. Number: W11000021544



We have received your document for EVERGLADES INDUSTRIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 711A00009305

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. EVERGUADES INDUSTRIES 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 writter consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. DELAWALE (Jurisdiction under the law of which foreign limited liability) 3. 37-1422738 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. FEB 15 2011 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to
exist or "perpetual")
6. Fers 15 2011
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. LOOLA CORPORATION SETEVICE COMPANY
2711 CENTERVILLE ROAD, SUITE 400 WILMINGTON DE 19808
2711 CENTERVILLE ROSD, SUITE 400, WILMINGTON DE, 19808 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
8. If finited hability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
CO
EQUIN T GEOFF HE MGE
649 STH AVE SOUTH STE 212
NAPLES FL 34102
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: _ANY AND ALL_
LAWFUL BUSINESS
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.)
EDWIN T GROFF JR.

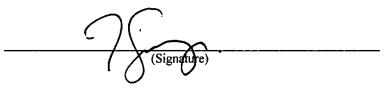
Typed or printed name of signee

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 Company is:	
EVERGLADES INDUSTRIES LLC	
If unavailable, the alternate to be used in the state of Florida is:	· · · · · · · · · · · · · · · · · · ·
2. The name and the Florida street address of the registered agent and office are:	PR 2:
EOWIN T GROFF JR (Name)	ORIDA DRICE
(Name) 643 57 Ave S. Sume 212 Florida Street Address (P.O. Box NOT ACCEPTABLE)	_
NAPLES FL 34102 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.



\$ 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 "EVERGLADES INDUSTRIES 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 APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EVERGLADES INDUSTRIES LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

11 MAY -2 PH 2: 18
SECRETARY OF STATE
ANASSEE FLORIDA

4940152 8300

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Jeffrey W Bullock, Secretary of State
AUTHENTY CATION: 8685123

DATE: 04-11-11

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