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T. HAMPTON MAY - 8 2011 EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corpo		
SUBJECT:	1SHE Valley In LLC Name of Limited Liability Company	
	by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate above referenced foreign limited liability company to transact business in Florida.	
Please return all correspond	dence concerning this matter to the following:	
	Benisa Levin	
<del></del>	Name of Person.	
	Law Office of Benisa Levin, PA	
	Firm/Company	
	20283 State Rd 7, Ste 300	
	Address	
	Boca Raton, 52 33498  City/State and Zip Code (gnail)  Denisa Camail. com &  E-mail address: (to be used for luture annual report notification)	
	City/State and Zip Code (Gmail)	
	Denisa e gnail com e	
For further information con	cerning this matter, please call:	
<u>Bev</u>	Name of Person Area Code & Daytime Telephone Number	
1	Name of Person Area Code & Daytime Telephone Number	
MAILING ADDI Division of Corpo Registration Section P.O. Box 6327 Tallahassee, FL 32	Division of Corporations  Registration Section  Clifton Building	
Enclosed is a check for	the following amount:	
\$125.00 Filing Fed		

## 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. Castle Valley Inn UC (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.")
2. Nuclea (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4. Feb. 72006  (Date of Organization)  5. Despet Will  (Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 10:620 Southern Highlands Pkwy,
Ste. 110-441 Las Vegas, NV 89141  (Street Address of Principal Office)
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:
Mary Germain, managing member
10620 Southern Highlands Pkny, Ste 110-441
Los Vegas, NV 89141
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:
(eal Estate
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
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.)
Renisa Levil
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:
Castle Valley Im, LCC_
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:
Benisa Levin, PA
(Name)
20283 State Rd 7, Ste 300
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Boca Raton 33498  City/State/Zip
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)

DIVISION OF CORPORATION

SECRETARY OF STATE



# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CASTLE VALLEY INN, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 7, 2006, and is in good standing in this state.

OF THE STATE OF TH

ROSS MILLER Secretary of State

office on April 21, 2011.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

Electronic Certificate
Certificate Number: C20110421-2682
You may verify this electronic certificate
online at http://www.nvsos.gov/