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### Foreign Limited Liability Company Squeak'N, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

MAY - 9 2011

**EXAMINER** 

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

IN COMPLIANCE WITH SECTION (ORSO), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIMITED TO REGISTER A FOREIGN

"Limited Liability Company," "L.L.C.," or "L.C.")  of transacting business in Plorida and attach a copy of the wester name. The alternate name must include "Limited Liability  (FEI number, if applicable)
te name. The alternate name must include "Limited Lisbility
1975 Consideration of the Park Inc.
(Cat maneer, it approxima)
Perpetual
(Duration: Year imited Eability company will cease to exist or "perpensal")
a, if prior to registration.) determine penalty liability)
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mpany, check here  mpany, check
ng members or managers are as follows:
Lantene, FL 33462
n Drive, San Jose, CA 95126
11 Dive, 381 JUSS, CA 93 126
old, duly authorizated by the official having custody of records
notacceptable. If the centificate is in a fineign language, a
d)
omoted in Florida: any lawful business
$\mathcal{O}$
rized representative of a member.
of this document constitutes as affirmation under the
an aware that any faire information submitted in a ird plegree followy as provided for in s.817.155, F.S.)
ing progress second as provided for in the 17.153. P.S.)
LA STAN

#### 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 nan	ne of the Limited Liabilit	Company is:		
Squeal	k'N, LLC			
lfunavaila	ble, the alternate to be us	d in the state of F	lorida is:	FALL SEC
2. The nan	ne and the Florida street t	ddress of the regi	stered agent and offi	ice are: AHASSEE
	Amanda E. Hutto	1		E. C.
		(Name)		N. STATE
	804 E. Windwai	d Way #507		D'''
	Florida S	reet Address (P.O. B	NOT ACCEPTABLE)	***************************************
•	Lantana	F	L 33462	
		City/Sta	to/Zip	
liobility cor agent and c relating to t	in named as registered ago mpany at the place designa ngree to not in this capacity the proper and complete p of my position as register	ted in this certifica . I further agree to irformance of my c	ite, I hereby accept the comply with the pro hities, and I am famil	he appointment as registere ovisions of all statutes liar with and accept the
	\$ \$ \$ \$	25,00 Designation 30.00 Certifies	es for Application tion of Registered A Copy (optional) its of Status (option	•

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SQUEAK'N, 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 SIXTH DAY OF MAY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SQUEAK'N, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2011.

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

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SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

4976447 8300

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You may varify this certificate online

AUTHENTY CATION: 8745129

DATE: 05-06-11