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T. CLINE

MAY 10 2011

EXAMINER

COVER LETTER

	ation Section n of Corporations			
SUBJECT:	PURITAN TAMPA, L.I	ume of Limited Liability Company		
		bility Company for Authorization to Transact Business in Floric above referenced foreign limited liability company to transact bu		
Please return all	correspondence concerning this m	atter to the following:		
	TIMOTHY J. BRA	Name of Person	_	
	BRADLEY & MORE	AU - REAL TITLE CO.		
		Firm/Company	_	
	1318 CAMELLIA	BOULEVARD Address	_	
	LAFAYETTE, LA	70508		
	tim@realtitle.	City/State and Zip Code	2011 H	***
•	E-mail address: ((to be used for future annual report notification)	<u></u>	-
For further infor	mation concerning this matter, plea	E Call.	3 [Ŋ
	TIMOTHY J. BRADLEY	at (337) 288-7664		فو رد
	Name of Person	Area Code & Daytime Telephone Number	1 5	
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	check for the following amou Filing Fee \$130.00 Filing F Certificate of Sta	ee & X\$155.00 Filing Fee & \Big \$160.00 Filing Fee, Certif		

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.	PURITAN TAMPA, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If	FLORIDA PURITAN TAMPA, L.L.C. name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	written
COI	nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil ompany," "L.L.C," "LLC.")	
2.	Jurisdiction under the law of which foreign limited liability company is organized) (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4.	APRIL 25, 2011 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	
	(Date of Organization) (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	N/A	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	8609 POSTWOOD CIRCLE, TAMPA, FL 33614	
	201 SE TAL	
	(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:	E C
	RICHARD PAUL BEAULLIEU	Hamp
	2851 JOHNSTON STREET PMB #550	
	LAFAYETTE, LA 70503	
the tran	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptrisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and aslation of the certificate under eath of the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or promoted in Florida: REAL ESTATE INVESTING	3
	fichard facelpluellui	•
	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.)	

RICHARD PAUL BEAULLIEU

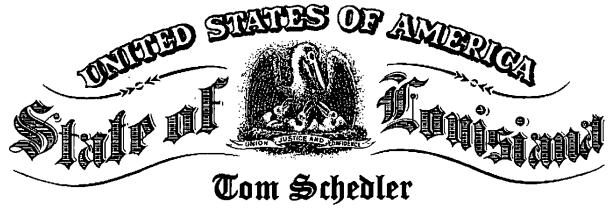
Typed or printed name of signee

FILED

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:	
PURITAN TAMPA, L.L.C.	
If unavailable, the alternate to be used in the state of Florida is:	
FLORIDA PURITAN TAMPA, L.L.C.	
2. The name and the Florida street address of the registered agent and office are:	
IVONNE ROSADO	
(Name)	
8609 POSTWOOD CIRCLE, TAMPA, FL 33614	2011 R
Florida Street Address (P.O. Box NOT ACCEPTABLE)	MAY -9 CRETAR) LAHASS
	RY SSE
FL	_ F9 7
City/State/Zip	PH 72: OF STA E, FLOR
	TATE ORID
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoingent and agree to act in this capacity. I further agree to comply with the provisions relating to the proper and complete performance of my duties, and I am familiar with abbligations of my position as registered agent as provided for in Chapter 608, Florida	e stated limited ntment as registered of all statutes and accept the
moust !	
(Signature)	
\$100.00 Filing Fee for Application	
\$ 25.00 Designation of Registered Agent	
\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

PURITAN TAMPA, L.L.C.

A limited liability company domiciled in LAFAYETTE, LOUISIANA,

Filed charter and qualified to do business in this State on April 27, 2011,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

Secretary of State

April 27, 2011

Certificate ID: 10161996#B4P83

To validate this certificate, visit the following web site, go to Commercial Division, Certificate Validation, then follow the instructions displayed. www.sos.louislana.gov

Web 40496069K