(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: A. LUNT
JUN -3 ₂₀₁₀
EXAMINER

Office Use Only



900208204619

06/01/11--01023--004 **160.00

Audassist L.L.C. Mr Jay A. Scaramazzo 360 East 72nd Street, Suite A-1507 New York, NY 10021 jayas@audassist.com

May 16, 2011

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Re: Registration of an out of State Limited Liability Company in Fiolida

Attached you will find the required documentation for registering a New York State L.L.C. in the State of Florida. Please do not hesitate to contact me directly with any concerns.

I thank you in advance.

J.A.8caramazzo

TO: Regis	stration Section				
Divis	sion of Corporations				
SUBJECT:	Audassist L.L.C.				
_	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	all correspondence concerning this matter to the following:				
	Jay Anthony Scaramazzo				
	Name of Person				
	Audassist L.L.C.				
	Firm/Company				
360 East 72nd Street, Suite A-1507					
	Address				
New York, NY 10021-0373					
	City/State and Zip Code				
	jayas@audassist.com E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be used for future annual report notification)				
For further inf	ormation concerning this matter, please call:				
	Jay A. Scaramazzo _{at (212)} 537-6436				
	Name of Person Area Code & Daytime Telephone Number				
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations birration Section Box 6327 chassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	a check for the following amount: 00 Filing Fee \$\int_{\text{Certificate}} \frac{\$\$155.00\$ Filing Fee & \text{Certified Copy} \frac{\$\$160.00\$ Filing Fee, Certificate of Status & Certified Copy}				

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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. Audassist L.L.C.	
(Name of Foreign Limited Liability Compan	ny; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	for the purpose of transacting business in Florida and attach a copy of the written pting the alternate name. The alternate name must include "Limited Liability
2. New York, NY U.S.A. (Jurisdiction under the law of which foreign limit company is organized)	ted liability 3 (FEI number, if applicable)
4. 2/27/2007 (Date of Organization)	5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. Awaiting Florida registration (Date first transacted b) (See sections 608,501 &	usiness in Florida, if prior to registration.) 608.502 F.S. to determine penalty liability)
7. 360 East 72nd Street, Suite A	∖-1507
New York, NY 10021-0373	
(Str	reet Address of Principal Office)
8. If limited liability company is a manager	r-managed company, check here
9. The name and usual business addresses	of the managing members or managers are as follows:
Jay Anthony Scaramazzo	The Section of the Se
360 East 72nd Street,	Suite A-1507 New York, NY 10021-0373
	nore than 90 days old, duly authenticated by the official having custody of records in (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.)
11. Nature of business or purposes to be co	onducted or promoted in Florida: Internal Audit, Risk,
Governance, Change Control a	and Technology Business Consulting Solutions.
_ Que a	· Sear
- 1 / /	er or an authorized representative of a member.
	F.S., the execution of this document constitutes an affirmation under the i herein are true. I am aware that any false information submitted in a
document to the Department of Sta	te constitutes a third degree felony as provided for in s.817.155, F.S.)
Jay Anth	nony Scaramazzo

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 n	name of the Limi	ited Liability Compa	ny is:
Auda	ssist L.L.C	О.	

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:

Jay Anthony Scaramazzo

(Name)

600 NE 36th Street, Apt 705

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Miami, FL 33137

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)

Thereby certify, that AUDASSIST L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/06/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 13th day of May two thousand and eleven.

First Deputy Secretary of State

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