Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP,

Account Number : I20090000001 Phone : (239)213-0066 Fax Number : (239)213-0698

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company ALTHOF EQUIPMENT MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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JUN - 8 2011
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

Jun 7 2011 05:02pm P002/005

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ATX1

COVER LETTER

Divis	ion of Corporations						
SUBJECT:	ALTHOF EQUIPMENT MANAGEM						
	Name	of Limite	ed Liability Company				
	"Application by Foreign Limited Liab I check are submitted to register the						3.
Please return	all correspondence concerning this i	matter to t	the following:				
	RACHEL HALL			·			
			Name of Person				
	ADVOCATE CONSULTING LE	GAL GRO	OUP. PLLC				
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	E-mail addre	ss: (to be	used for future annual report not	incation)	70	*	THE REP
For further inf	ormation concerning this matter, plea	ase call:			유조	Ç	Tong Ha
				•	OF STATE	#	
			(000) 010 0068		,		
RAC	HEL HALL Name of Person	Are	at (239) 213-0066 as Code & Daytime Telephone N	umber			
	Name of Ferson	7410	as done a bayano releptione in				
MA	LING ADDRESS:		ET ADDRESS:				
	sion of Corporations		on of Corporations				
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	s a check for the following amo						
X	\$125.00 Filing Fee \$130.00 Fil Certificate of	•	\$155.00 Filing Fee & Certified Copy	\$160.00 Filir of Status & 0			e
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ATXI APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

IN COMPLIANCE WITH SECTION 808.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF ELORIDA-

TRANSACT BUSINESS IN FLORIDA

(Name of Foreign Limited Liability Company; must incl	lude "Limited Liability Con	pany," "L.L.C.," o	r "Ц.С.")		
name unavailable, enter alternate name adopted for the purposition consent of the managers or managing members adopting timited Liability Company." "L.L.C.," "LLC.")	se of transacting business the alternate name. The a	in Florida and att Uternate name mu	ach a copy of the ist include		
DELAWARE		45-2471134			
(Jarisdiction under the law of which foreign limited liability company is organized)	(F	(FEI number, if applicable)			
6/3/2011	5	PERPETUAL			
(Date of Organization)	(Duration: Year i exist or "perpetu		npany will cease to		
6	B/2011				
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		SECF			
318 S LAKE OR	 		AHE AN		
LANTANA, FL 33462		<u></u>	N SE		
(Street Address	of Principal Office)		- F		
. If limited liability company is a manager-managed comp	pany, check here		STATE LORID/		
The name and usual business addresses of the managi	Ing members or manag	ers are as follov	AS F		
STANLEY E. ALTHOF	MARCIE GORMANIAL	THOF			
318 S LAKE DR	318 S LAKE DR				
LANTANA FL 33462	LANTANA, FL 33462				
. Attached is an original certificate of existence, no more stody of records in the jurisdiction under the law of which tificate is in a foreign language, a translation of the certificate of business or purposes to be conducted or pror	it is organized. (A photo cate under oath of the t	ocopy is not acc ranslator must b	eptable. If the se submitted.)		
Signature of a member or an extension 606 408(3), F.S., the extension 606 408(3), F.S., the extension for the facts stated transion are	unorized representat and in more ditties to notice	stitutes en afilmatio	n under the		

Typed or printed name of signee

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45-2471134 ATX1

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.

,	The name of the Limited Liability Company is: ALTHOF EQUIPMENT MANAGEMENT, LLC				
if un	available, 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:	SECF	- NOT 1102	يوسو وجدي	
	STANLEY E. ALTHOF	主命	₹	\$	
	(Nате)	RETARY OF AHASSEE.	7	17	
	318 S LAKE DR			,	
	Floride Street Address (P.O. Box NOT ACCEPTABLE)	STATE	91 33		
	LANTANA FL 33462	7.5	_		
	City/State/Zip	•			
Havit	ng been named as registered agent and to accept service of process for the above stated fir	nited Babil	lity		

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.

Starle E althor
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

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Delaware

PAGE I

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALTHOF EQUIPMENT MANAGEMENT, 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 THIRD DAY OF JUNE, A.D. 2011.

2011 JUN - 7 AM & 46
SECRETARY OF STATE
TALL AHASSEE FLORIDA

4991900 8300

110684946

You may verify this cortificate online at corp. delaware gov/euthver.shtml

AUTHENTY CATION: 8809232

DATE: 06-03-11

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