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J. SAULSBERRY EXAMINER

JUL 12 2011

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SIERN, LLC			
	Name of Limited Liability Company		
The enclosed "Application by Foreign Lin Existence, and check are submitted to regi	nited Liability Company for Authorization to Transact Business in Florister the above referenced foreign limited liability company to transact be	ida," Certifi ousiness in I	cate of Florida
Please return all correspondence concerning	ng this matter to the following:		
Missy Malloy			
mosy many	Name of Person	_	
NREIS			
	Firm/Company		
100 Beecham [Drive \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	த த	
	Address	£ .	أيشت
Pittsburgh, PA		BECRETARY OF STATE	
	City/State and Zip Code	⊸ — — — — — — — — — — — — — — — — — — —	
melissa.ma <u>llo</u>	y (W) III G13.COITI &	15.40 A	
E-mail a	address: (to be used for future annual report notification)	吾 2	
For further information concerning this ma	atter, please call:		
Missy Malloy	at (412) 808-1738		
Name of Person	n Area Code & Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations		
Registration Section	Registration Section		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following	ng amount:		
\$125.00 Filing Fee \$130.00	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Cert ate of Status & Certified Copy		

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:

SIERN, LLO	OMPANY TO TRANSACT BUSINESS IN T		(1) (1) (1) (1)	
(Name of Fore	ign Limited Liability Company; must i	include "Limited Liability Company," "L.L.	C.," or "LLC.")	
If name unavailable, consent of the manage Company," "L.L.C,"	ers or managing members adopting the	urpose of transacting business in Florida and a alternate name. The alternate name must inc	attach a copy of the writelude "Limited Liability	tter
_{2.} Pennsylvania	a	3. <u>45-1270685</u>		
(Jurisdiction under company is organized)	the law of which foreign limited liabilized)	lity (FEI number, if applic	able)	
4. 12/10/2010		_{5.} perpetual		
(Dat	te of Organization)	(Duration: Year limited liability cor exist or "perpetual")	_	
6			2011 SEI	
·	(Date first transacted business in (See sections 608.501 & 608.502	in Florida, if prior to registration.) 2 F.S. to determine penalty liability)	$\pm m \simeq$	T
7 100 Beech	nam Drive, Pittsburgh, F	PA, 15205		
	(Street Add	lress of Principal Office)		<u>C</u> .
8. If limited liabil	lity company is a manager-mana	ged company, check here 🗸	22 TE RIDA	
9. The name and	usual business addresses of the r	managing members or managers are a	ıs follows:	
		eecham Drive, Pittsburgh, PA		
Thomas K	Lammert Ir Manager 1	100 Beecham Drive, Pittsburg	nh PA 15205	
THOMAS IX.	Lammert, or., Manager,	TOO Decentain Dilve, I madaig	311, 1 71, 10200	
- 				
		n 90 days old, duly authenticated by the official ocopy is not acceptable. If the certificate is in a		s in
	ficate under oath of the translator must be		Toleigh Eniguage, a	
 Nature of bus 	iness or purposes to be conducte	ed or promoted in Florida: holding	company	
		•	•	
	MillE	1 -		
	Signature of a member or ar	n authorized representative of a mem	— ber.	
	cordance with section 608.408(3), F.S., the	execution of this document constitutes an affirmation	ation under the	
		are true. I am aware that any false information itutes a third degree felony as provided for in		

Typed or printed name of signee

Michael E. Forgas

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:	
SIERN, LLC	
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:	
CT Corporation System (Name)	ZOIL JUL SEORET
1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	ARY OF'S
Plantation, FL 33324 FL City/State/Zip	8: 22 STATE BRIDA

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)

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

JULY 8, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

SIERN, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Certificate of Good Standing shall no imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid. 2011 JUL 11 PM 8: 22



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth