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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UI	P WAIT	MAIL
·	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status

Special Instructions to Filing Officer:

A. LUNT

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EXAMINER

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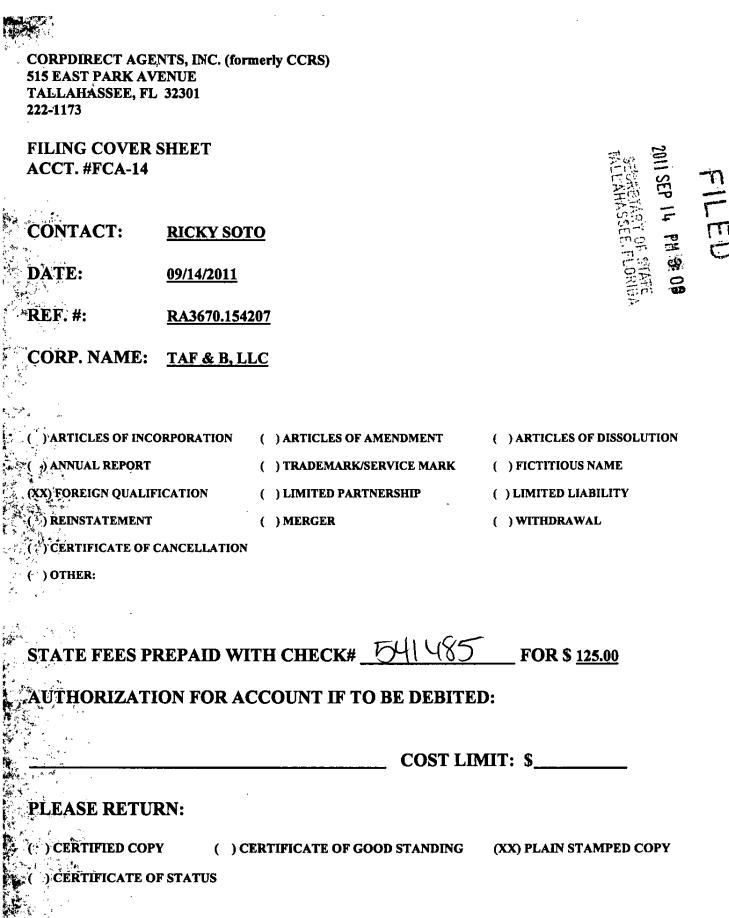
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Examiner's Initials

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:

TAF & B, LLC_				
(Name of Foreign Limited Liability Company; must include	ude "Limited Liability Co	ompany," "L.L.C.	," or "LLC.")	
name unavailable, enter alternate name adopted for the purponsent of the managers or managing members adopting the alternate, "LLC." LLC.")	ose of transacting busines ernate name. The alternate	s in Florida and at e name must inclu	ttach a copy of ide "Limited Li	the wri
Delaware	3. 32-0295050			
Jurisdiction under the law of which foreign limited liability company is organized)	(FEI nu	(FEI number, if applicable)		
	5. Perpetual		Z. s	≥2
(Date of Organization)	(Duration: Year lim exist or "perpetual")		pany/will cease	3
Upon filing of this application			1	o' .
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S	s. to determine penalty lia	on,) bility)	FE OF	1
2090 Palm Beach Lakes Boulevard, Suit	te 701		78	160
West Palm Beach, Florida 33409			0 38	{
	of Principal Office)		- ED	
The name and usual business addresses of the man Andrius Pranskevicius, 2090 Raim Beach Lake		_		409
	·			
	· · · · · · · · · · · · · · · · · · ·			
Attached is an original certificate of existence, no more than 90 of jurisdiction, under the law of which it is organized. (A photocop slation of the certificate under oath of the translator must be subr	y is not acceptable. If the c			
Nature of business or purposes to be conducted or	r promoted in Florida	: Investmer	nts	
	() 			·
Signature of a member or an au	Truck	ve of a member	<u>-</u>	
(In accordance with section 608.408(3), F.S., the exec	cution of this document cons	titutes an affirmatio	n under the	
penalties of perjury that the facts stated herein are tradecument to the Department of State constitutes				
Francine Mecca, Authoriz				

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.

TAF & B, 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:	2011 SEP SEURED TALLIAHA
Mart Management, LLC (Name)	- SSS F
2090 Palm Beach Lakes Boulevard, Suite 701 Florida Street Address (P.O. Box: NOT ACCEPTABLE)	PH & OF
West Palm Beach FL 33409 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)
S 100.00 Filing Fee for Application

\$ 25:00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TAF & B, 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2011.

WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4753170 8300

111004494

AUTHENTY CATION: 9027049

DATE: 09-14-11

You may verify this certificate online at corp.delaware.gov/authver.shtml