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Office Use Only



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EXAMINER SEP 14 2011



Division of Corporations

August 22, 2011

GARY C. GOODLIN 5201 BLUE LAGOON DR., STE. 900 MIAMI, FL 33126

SUBJECT: WEST FORK VENTURES, LLC

ี่เลือร์: Number: W11000043565

We have received your document for WEST FORK VENTURES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Abusiness entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Acceptificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The FAX audit number must be on the top and bottom of each page of the document.

#### **COVER LETTER**

	ion of Corporations		
SUBJECT: _		SIX VENTURES, LLC.	
	Na	ame of Limited Liability Company	
		ability Company for Authorization to Transact Business in Florida," Certifica above referenced foreign limited liability company to transact business in Florida.	
Please return a	all correspondence concerning this m	natter to the following:	
	GANI	C. GOOD LIN  Name of Person	
,	*,	Name of Person	
·	WEST F	Firm/Company	
		Firm/Company	
×	5201 6	BLUE LAGOUN M JUITE 900	
		Address	
	MIAM	City/State and Zip Code	
		•	
٠,	GARY(4	(to be used for future annual report notification)	
	E-mail address:	(to be used for future annual report notification)	
For further info	ormation concerning this matter, ple	ease call:	
	G , C C	-1 211/ 010 0.11	
	Name of Person	Area Code & Daytime Telephone Number	
	Name of reison	Area Code & Daytime Telephone Number	
	LING ADDRESS: ion of Corporations	STREET ADDRESS: Division of Corporations	
Regist	tration Section	Registration Section	
	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the following amo		
	00 Filing Fee \$130.00 Filing F Certificate of St	Fee & \$\int_{\text{\$155.00 Filing Fee}} \text{\$\sum_{\text{of Status}} \text{\$\sum_{\text{certified Copy}} \text{\$\sum_{\text{of Status}} \te	

## 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. (Name of Foreign Limited Liability Company; must include "Linfited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. DELA WALE  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. 3/25/201\ (Date of Organization)  5. TEMPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 3806 STAATEOND AVE
DALUS 7X 75205 (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:
RICHARD S. KUMPF
3806 STRATFORD AVE.
DAWAS, TEXAS 75205
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
OWNER OF THTENET TRAVEL DELISCES LLC.
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.)
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.

the Limited Liability Comp	oany is:	
WEST FORK VENT	URES, LLC	
ne alternate to be used in the	e state of Florida is:	
d the Florida street address	of the registered agent and office are:	
Capitol Corporate Services, Inc.		
	(Name)	
155 Office Plaza Dr., Ste A		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee	32301	
	City/State/Zip	
	WEST FORK VENT  the alternate to be used in the  different address  Capitol Corporate S  155 Office Plaza De  Florida Street Add	

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.

Ollanu (ask Delanie Case, asst sec

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WEST FORK VENTURES, 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 NINTH DAY OF SEPTEMBER, A.D. 2011.

You may vorify this certificate online at corp.dolaware.gov/authver.shtml

jeffrey W. Bullock, Secretary of State TION: 9018542

DATE: 09-09-11