

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 : (302)645-7400 : (302)645-1280 Fax Number

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

jkennedy@revolutionmills.com Email Address:

> Foreign Limited Liability Company Proximity Mills LLC

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NOV 15 2011

EXAMINER

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION CONSIDE FLORIDA STATISTICS LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE S	
1. Proximity N (Name of Foreign Limited Liability Company, must include	Mills:LLC
(Name of Foreign Limited Liability Company; must include	e "Limited Limitify Company," "L.E.C.," or "L.I.C.,")
(If name wavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C;" "L.L.C.").	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)	(1931 number, if applicable)
4. November 8, 2011 5. (Date of Organization)	perpetual (Duration: Year limited liability company will cease to
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. No business transacted in Florida prior to regist	ration =
(Date first transacted business in Flori (See sections 608.501, & 608.502 F.S. to	determine penalty liability)
7. 3129 W Kennedy Boulevard	
Tampa 101 22600	SS F
Tampa, FL 33609 (Sired Address of	Principal Office)
8. If limited liability company is a manager-managed of	ompany, check here
9. The name and usual business addresses of the manag	ing members or managers are as follows:
Latin Managaraha Khammalan	
15647 Eastbourn Drive	
Odessa, FL 33556	
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is marskation of the certificate under outh of the translation must be submit	snot poepable. If the certificate is in a foreign language in
11. Nature of business or purposes to be conducted or p	romoted in Florida:
Any legal p	urpose
1 Marsagar	W
Signature of a member or an auth	onzed representative of a member.
(In accordance with scaling 60% 40%(1), F.S. an affirmation under the penalties of perjury	the execution of this document constitutes
	dy, Manager
Typed or printed n	ame of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED CHABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF PLORIDA.

1. The name of the Limited L.	ability Comp	rany, is:	
majora a garanteen and the barrane a wide his conflict tellings break his left left	Proxi	mity Mills LLC	*
Himavailable, the alternate to	be used in the	e state of Florida is;	
			声点 宝
2. The name and the Florida s	reet address	of the registered agent and office are:	NON 14
		Julia-Kennedy	MY P
unbassed field splitted, automorphis sparse primary to		(Name)	明年 圣
			4: 23 STATE FLORIE
		7 Eastbourn Drive	22
ां व	vida Stocci Add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	300
	04.5	**	
· <u></u>	Odes	sa, FL 33556 City/State/Zip	•
liability company at the place di agent and agree to act in this co relating to the proper and comp	signated in ti pacity. I furt lete përforma	to accept service of process for the above st his certificate, I hereby, accept the appoints her agree to comply with the provisions of a nice of my duties, and I am familiar with an t as provided for in Chapter 608, Elorida St	ient as registered all standes d accept the
1 Minument			
(Significat)			
v	\$ 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

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROXIMITY MILLS 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 NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROXIMITY MILLS LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2011.

FILED

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SECRETARY OF STATE
AND ASSECUTION OF STATE
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AUTHENTICATION: 9154211

DATE: 11-14-11 (((H11000270436 3)))