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| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | ldress)            |             |
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| (Ĉi                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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TALLAHASSEE FI BRID

B. BOSTICK
DEC 1 3 2011
EXAMINER

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Systems LLC Name of Limited Liability Company   |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida  |
| Please return all correspondence concerning this matter to the following:  |
| Desiree Trahan  Name of Person   |
|  |
| isystems.LLC   |
| isystems LLC Firm/Company  |
| 59 RAthe Rd  |
| Address  |
| Sq RAthe Rd  Address  Colchester, Ut 05446  City/State and Zip Code  |
| City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Desirve Mahan #1 802, 355-9472   |
| Desivee Wahan at (802) 355 - 9972  Name of Person Area Code & Daytime Telephone Number   |
| Name of Person  Area Code & Daytime Telephone Number  MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Area Code & Daytime Telephone Number  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  |
| Enclosed is a check for the following amount:  \$\int_{\text{S125.00 Filing Fee}}^{\text{\$130.00 Filing Fee}} \int_{\text{Certificate}}^{\text{\$155.00 Filing Fee}} \int_{\text{\$00 Filing Fee}}^{\text{\$160.00 Filing Fee}} \int_{\text{\$160.00 Filing Fee}}^{\text{\$160.00 Filing Fee}}^{\text{\$160.00 Filing Fee}} |

## 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<br>LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:   |
|--|
| 1 iststems111  |
| 1. i St Sterms 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. Vermont (Jurisdiction under the law of which foreign limited liability) 3. O3-0362253 (FEI number, if applicable)   |
| company is organized)  |
| 4. Date of Organization)  5. Despectual  (Duration: Year limited liability company will cease to exist or "perpetual")   |
| (Duration: Year limited hability company will cease to exist or "perpetual")   |
| 6. December 01, 2011 (Date first transacted business in Florida, if prior to registration.)  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7  |
|  |
| 1918 main Street Suite 202, Savasota, PL. 34236<br>(Street Address of Principal Office)  |
| 8. If limited liability company is a manager-managed company, check here   |
| 8. If minted habinty company is a manager-managed company, check noty [5]  |
| 9. The name and usual business addresses of the managing members or managers are as follows:   |
| michael Trahan 39 RAHE Rd, cyclester, Vt 05446   |
|  |
| Ţ.,  |
|  |
| 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: FINCULA   |
| Services   |
| Mihal Trahan, Managing Member  |
| 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.)   |
| Designe Michael J. Trahan  |
| 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 name of the Limited Liability Company is:  |
|--|
| iststems LL c.com  |
| unavailable, the alternate to be used in the state of Florida is:  |
| The name and the Florida street address of the registered agent and office are:  |
| Desiree Trahan (Name)  |
| (Name)   |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)   |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)   |
| Savasota FL 34236  |
| aving been named as registered agent and to accept service of process for the above stated limited ability company at the place designated in this certificate, I hereby accept the appointment as registered gent and agree to act in this capacity. I further agree to comply with the provisions of all statutes plating to the proper and complete performance of my duties, and I am familiar with and accept the bligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. |
| (Signature)  |
| (Signature)  \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)   |

#### STATE OF VERMONT

### OFFICE OF SECRETARY OF STATE

#### **Certificate of Good Standing**

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office.

#### ISYSTEMS'LLC

a limited liability company formed under the laws of the State of Vermont

was filed for record in this office on April 06, 1998

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of termination have not been filed.

December 07, 2011

Given under my hand and the seal of the State of Vermont, at Montpelier, the State Capital

The residence of the property of the company of the

James C. Condos

James C. Condos Secretary of State

