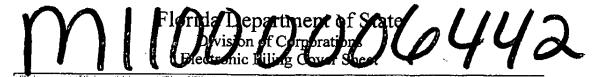
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000301886 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LEVINE & PARTNERS, P.A.

Account Number: 074677001117

Phone Fax Number

: (305)372-1350 : (305)372-1352

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

Email	Address	:						

#### Foreign Limited Liability Company **VERNON HOLDINGS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

D. BRUCE

EXAMINER

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## 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:
I Vernon Holdings, 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 managing or managing members adopting the alternate name. The alternate name unust include "Limited Liability Company," "LL.C." "LLC.")
2. Delaware  (Jurisdiction under the law of which foreign lamited lizability (FEI number, if applicable) company is organized)
4. September 26, 2011  (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")  6. One first transacted business in Florida (Fundor to repostration)
(See sections 608 50) & 608 502 F.S. to determine repair (legility)
7. 3250 Mary Street, Suite 306, Miami, FL 33133
Street Address of Principal Office)
(Street Address of Principal Office)
8. If innited liability company is a manager-managed company, check here
<ol> <li>The name and usual business addresses of the managing members or managers are as follows:</li> <li>Marcia Fordyce, 3250 Mary Street, Suite 306, Miami, FL 33133</li> </ol>
ingleid 1 ordy out of the production of the prod
10. Attached is an original certificate of existence, no more than 90 days old, duty 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 eartificate is in a foreign language, a translation of the certificate under each of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: real estate
investments
Tuch Folge
Signature of a member or an anthorized 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 fellony as provided for in s.817.155, F.S.)  Marcia Fordyce

Typed or printed name of signee

H11000301886 3

## 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:	
Vernon Holdings, LLC	
If 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:	<b>*</b>
Alan W. Levine, Esquire (Name)	F IL 1 DEC 27 CARLTAR LAHASSI
1110 Brickell Avenue, Suite 700  Florida Street Address (P.O. Box NOT ACCEPTABLE)	For B
Miami FL 33131	9: 4.2 ORIBA
_	If 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:  Alan W. Levine, Esquire  (Name)  1110 Brickell Avenue, Suite 700  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Miami  FL 33131

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)

# Delaware

DAGE :

### The First State

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

DELAWARE, DO HEREBY CERTIFY "VERNON HOLDINGS, 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 SIXTEENTH DAY OF DECEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VERNON HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2011.

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

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

Jeffrey W. Bullock, Secretary of State

DATE: 12-16-11