H1200000351

(Requestor's Name)					
(Apple 1)					
(Address)					
(Address)					
(1333-333)					
(City/State/Zip/Phone #)					
☐ PICK-UP ☐ WAIT ☐ MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

L. SELLERS

JAN 2 0 2012

EXAMINER

Office Use Only



400218224794

01/19/12--01021--009 **160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations							
SUBJECT:	10 Minute Locksmith L.L.C.						
	Name of Limited Liability Company						
	application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of theck 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:						
	MURAD Abedelal						
Name of Person							
10 Minute Lucksmith L.L.C. Firm/Company							
Firm/Company							
	8870 N. Himes Avenue Suite 244						
	Addiess						
Tampa, Florida 33614 City/State and Zip Code							
City/State and Zip Code							
Customer support a 10 minutes locksmith. Com E-mail address: (to be used for future annual report notification)							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
MURA	Name of Person Area Code & Daytime Telephone Number						
Name of Person Area Code & Daytime Telephone Number							
Divisio	NG ADDRESS: n of Corporations STREET ADDRESS: Division of Corporations						
Registra P.O. Bo	ation Section Registration Section ox 6327 Clifton Building						
	ssee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						
Enclosed is a	check for the following amount: Filing Fee \$\int \sum \frac{\$130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certified Copy}}\$\$155.00 \text{ Filing Fee & Signature of Status}\$\$\$160.00 \text{ Filing Fee, Certified Copy}\$\$\$160.00 \text{ Filing Fee, Certified Copy}\$\$\$\$\$						

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

	PLIANCE WITH SECTION 608.503, FLORIDA STATUTE LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	ES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
1(Na	ame of Foreign Limited Liability Company; must include	L. L. C. de "Limited Liability Company," "L.L.C.," or "LLC.")
consent of	inavailable, enter alternate name adopted for the purpose the managers or managing members adopting the alter "L.L.C," "LLC.")	se of transacting business in Florida and attach a copy of the written mate name. The alternate name must include "Limited Liability
2. (Jurisdi	Delaware ction under the law of which foreign limited liability	(FEI number, if applicable)
compan 4.	y is organized) /- 03-12	Duration: Year limited liability company will cease to
		(Duration: Year limited liability company will cease to exist or "perpetual")
5	(Date first transacted business in Flo (See sections 608,501 & 608,502 F.S.	rida, if prior to registration.) to determine negative liability.)
7		
	7 Tampa, Florida 33614 (Street Address of	
	ited liability company is a manager-managed name and usual business addresses of the mana Morad Abedelal	iging members or managers are as follows:
	8870 N. Himes Avenue	Suite 244
	TAMPA, Florida 33614	
he jurisdict	ed is an original certificate of existence, no more than 90 d	ays old, duly authenticated by the official having custody of records in is not acceptable. If the certificate is in a foreign language, a
1. Natu	are of business or purposes to be conducted or	
	Locksmith Company	
	,	
	(In accordance with section 608.408(3), F.S., the execu- penalties of perjury that the facts stated herein are true	tion of this document constitutes an affirmation with the Land a third degree felony as provided for in s.877.155, F.S.)
	MORAD Abede	
	Typed or printed	

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:			
10 Minute locksmith L.L.C.			_
If unavailable, the alternate to be used in the state of Florida is:			
Mored Abedelel 8870 N. Himes Ave Suite 244 1	AMPA,	FC :	<u>7</u> 36/4
2. The name and the Florida street address of the registered agent and office are:			
Muran Abedelal			
Murao Abedelal (Name)			
8870 N. Himes Avenue Suite 244			
Florida Street Address (P.O. Box NOT ACCEPTABLE)	_		
TAMPA FL 33614 City/State/Zip	_		
City/State/Zip			
Having been named as registered agent and to accept service of process for the above solved liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with a obligations of my position as registered agent as provided for in Chapter 608, Florida and I am familiar with a complete performance of my position as registered agent as provided for in Chapter 608, Florida and I am familiar with a complete performance of my position as registered agent as provided for in Chapter 608, Florida and I am familiar with a complete performance of my position as registered agent as provided for in Chapter 608, Florida and I am familiar with a complete performance of my position as registered agent as provided for in Chapter 608, Florida and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties.	ment as f all stati ind accej	registo utes pt the	ered
Mond Child (Signature)	SECRETAF TALLAHAS	12 JAN 19	Same and the first
\$ 100.00 Filing Fee for Application . \$ 25.00 Designation of Registered Agent	32 PF	9 24	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "10 MINUTE LOCKSMITH, 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 THIRTEENTH DAY OF JANUARY, A.D. 2012.

5089914 8300

120045326

AUTHENTY CATION: 9297242

DATE: 01-13-12

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