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Account Number : 120080000045

Phone : (302)645-7400 Fax Number : (302)645-1280

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mking@kinglawpl.com

#### Foreign Limited Liability Company Canon LLC

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

(((H12000032792 3)))

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Canon 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,") Delaware Ourisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) November 22, 2011 perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. No business transacted in Florida prior to registration (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 3389 Magic Oak Lane Sarasota, FL 34232 (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: Mary King, Manager 3389 Magic Oak Lane Sarasota, FL 34232 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 on a picked. (A photocopy is not acceptable. If the certificate is in a foreign larguage, a translation of the certificate under onto of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member of an authorized representative of a member. (In accordance with section 508,488(3), F.S., the execution at fulls document constitutes an affirmation under the populties of perjury that the facts stated heroin are true.) Mary King, Manager Typed or printed name 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 LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

What have a but to be		
i ae name of the Lin	nited Liability Company is:	• •
	0	
· · · · · · · · · · · · · · · · · · ·	Canon LLC	
unavailable, the altern	nate to be used in the state of Florida is:	
The name and the FI	lorida street address of the registered agent and office are	.:
	Mary King	· · ·
<del></del>	(Name)	
	3389 Magic Oak Lane	
;	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	· · · · · · · · · · · · · · · · · · ·	
•	Sarasota, FL 34232	
	Sarasota, <u>F1</u> 34232 City/State/Zip	
hility company at the pent and agree to act in atting to the proper and igations of my position.		ointment as register is of all statutes. Th and accept the
bility company at the part and agree to act in atting to the proper an igations of my position	City/State/Lip registered agent and to accept service of process for the abi place designated in this certificate, I hereby accept the app in this capacity. I further agree to comply with the provision id camplete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, Flor ignature).  \$ 100.00 Filing Fee for Application	ointment as register is of all statutes. Th and accept the
bility company at the part and agree to act in atting to the proper an igations of my position	City/State/Lip registered agent and to accept service of process for the abi place designated in this certificate, I hereby accept the app in this capacity. I further agree to comply with the provision id camplete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, Flor ignature).	ointment as register is of all statutes. Th and accept the

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# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CANON 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 SEVENTH DAY OF FEBRUARY, A.D. 2012.

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 "CANON LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2011.

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AUTHENTICATION 9347717

DATE: 02-07-12

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