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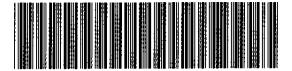
(Requestor's	s Name)			
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(City/State/Z	(ip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	ntity Name)			
(Document Number)				
Certified Copies Ce	ortificates of Status			
Special Instructions to Filing Officer:				

Office Use Only

B. KOHR

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EXAMINER



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ACCOUNT NO. : I2000000195 REFERENCE : 7815290 AUTHORIZATION COST LIMIT ORDER DATE: January 24, 2012 ORDER TIME : 9:03 AM ORDER NO. : 071404-005 CUSTOMER NO: 7815290 FOREIGN FILINGS NAME: SAVE FOR GOOD, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Stephanie Milnes -- EXT# 2920



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2012

STEPHANIE MILNES CSC TALLAHASSEE, FL

SUBJECT: SAVE FOR GOOD, LLC Ref. Number: W12000006388 RESUBINIA DE PRESENTA DE PRESENTA DE PRESENTA DE PRESENTA DE LA PRIME DE PRESENTA DEPUBLICA DE PRESENTA DE PRESENT

We have received your document for SAVE FOR GOOD, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

In addition to the address in Item 9, please list the NAMES of the company's MANAGING MEMBERS or MANAGERS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 612A00003896

RECEIVED

12 MAR -1 PM 1: 53

CEPARTHEAD OF STATE
DIVISION OF CORPORATION

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Save for Good, 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. Delaware 3. (FEI number, if applicable)
company is organized)
company is organized) 4. 08/12/2010 5. Perpetual (Date of Organization) (Date of Organization) 6. Obstaclar to a control of the company will cease to exist or "perpetual")
(Date of Organization) (Duration: Year limited liability company will cease to
exist or "perpetual")
6 <u>w</u>
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 =
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 480 NE 30th St. Apt. 903 Miam. FL 33137
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
o. If immed habitity company is a managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
John Byrne - Member
480 NE 30th St. Apt. 903 Miam. FL 33137
-100 11 2011 011 7101 100 1111 1 SSD1
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 upder outh of the translator must be submitted.)
· · ·
11. Nature of business or purposes to be conducted or promoted in Florida:
all lawful business
all lawful business
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.)
John Byrne
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.

1. The name	of the Limited Liability	Company is:	•		
Save for Good, LLC					
If unavailable, the alternate to be used in the state of Florida is:					
2. The name	and the Florida street a	idress of the	registered agent and office are:		
•	Corporation Service	Сотрапу	, 		
		(N	ame)		
	1201 Hays Street				
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Tallabassee		FL 32301		
		Cit	y/State/Zip		
liability composite agent and agree relating to the	any at the place designate to act in this capacity proper and complete per my position as registere corporation Service (By:	ted in this cert I further ago reformance of d agent as pro Company (Signature)	pt service of process for the above tificate, I hereby accept the appoint the to comply with the provisions of my duties, and I am familiar with ovided for in Chapter 608, Floridations, Assistant No.	ntment as registered of all statutes and accept the	
	\$		ignation of Registered Agent		

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SAVE FOR GOOD, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAVE FOR GOOD, LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4859611 8300

120093256

AUTHENTY CATION: 9325270

DATE: 01-27-12

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