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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MANCHESTER FAMILY LANCE Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in F	
Please return all correspondence concerning this matter to the following:	
Thomas J Ewing Name of Person	
Manches Ten Family LLC Firm/Company	
10403 Spoonfull Rd W	
BRACIEW LOW FLA 34209 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	-[]
Thomas Ewing at 941 795 0413 SSR SAR Name of Person Area Code & Daytime Telephone Number	m
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Registration Section Clifton Building Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$\int_{\text{\$125.00 Filing Fee}} \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\int_{\text{\$155.00 Filing Fee}} \text{\$\int_{\text{\$160.00 Filing Fee}}} \text{\$\int_{\text{\$160.00 Filing Fee}} \text{\$\int_{\text{\$160.00 Filing Fee}}} \$\int_{\text{\$160.00 Fili	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Marich-ester Fam. 14 LAC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; mast 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. VEVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)
4. JUNE 13 2011 (Date of Ofganization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6. APRIL 5 2012 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
10403 Spoonbill Rd W BRADENTOW FUARS UStreet Address of Principal Office)
(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:
Thomas Ewing 10403 Spoonbill Rd W Brudenau FLA 34209
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:
KER (ESTATE INVEST MENT) Thomas See My Marchete July FLC
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.)
Thomas J EWING
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:	
MANCHESTER FAMILY LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Business Filings Incorporated	-
(Name)	
515 E. Park Avenue	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301 City/State/Zip	
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 register 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)	12.4PR -9
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	E O O O O O O O O O O O O O O O O O O O

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MANCHESTER FAMILY LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 13, 2011, and is in good standing in this state.

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Electronic Certificate
Certificate Number: C20120402-0471
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 2, 2012.

ROSS MILLER Secretary of State