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C. LEWIS

MAY - 7 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Puppin Group LLO	D.
Nar	ne of Limited Liability Company
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the al	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this ma	atter to the following:
Read A. Sawczyn	
	Name of Person
Sivyer Barlow & Watson, I	P.A.
	Firm/Company
401 E. Jackson Street-S	Suite 2225
	Address
Tampa, FL 33602	
	City/State and Zip Code
rsawczyn@sbwlegal.c	om
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, pleas	se call:
Read A. Sawczyn	at (813) 221-4242 Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	& \$155.00 Filing Fee & \$\int\\$160.00 Filing Fee, Certificate

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:

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Signature of a	member or an a	autho	orizo	ed rep	resenta	ative c	f a me	mber.			
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I am aware that any false information submitted in a ant to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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:	
The Puppin Group, LLC		
If unavailable, the alternate to be used	d in the state of Florida is:	
2. The name and the Florida street ac	ldress of the registered agent and office ar	e:
Read Sawczyn	(Name)	12 MAY -
	Street, Suite 2225 eet Address (P.O. Box NOT ACCEPTABLE)	
Tampa	FL 33602	3: 51 FLORIDA
	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 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)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

The Puppin Group LLC

is a Limited Liability Company formed or registered on 12/29/2010 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20101700131.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/13/2012 that have been posted, and by documents delivered to this office electronically through 02/15/2012 @ 14:58:40.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/15/2012 @ 14:58:40 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8168256.



Secretary of State of the State of Colorado

********End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site. http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."