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#### **COVER LETTER**

0.20	ECT: UMANA BUSINESS CONSULTANTS  Name of Limited Liability Company	
The er Existe	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce nce, and check are submitted to register the above referenced foreign limited liability company to transact business	rtificate of in Florida
Please	return all correspondence concerning this matter to the following:	
	LUIS UMANA-WILLIAMS	
	Name of Person	
	UMANA BUSINESS CONULTANTS	
	Firm/Company	
	18556 S.W. 41 STREET	
	Address	
	MIRAMAR, FL 33029	
	City/State and Zip Code	
	UMANA@UMANABC.COM	
l•	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
	LUIS UMANA-WILLIAMS at (954) 873-7058	
hi. I	Name of Person Area Code & Daytime Telephone Number	
	MAILING ADDRESS:  Division of Corporations  Division of Corporations  Division of Corporations	
	Registration Section P.O. Box 6327  Registration Section Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle	

## 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:

LIMITED LIABILITY COMPANY TO TRANSACT BOSINESS IN THE S 1. UMANA BUSINESS CONSULTANTS, LLC	IATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
	FEDERAL EIN: 27-4486683
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	YEARLY RENEWAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 1 JULY 2012	26 <b>z</b>
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	determine penalty liability)
7. <u>18556 S.W. 41STREET, MIRAMAR, FL 33</u>	
	F. F.
(Street Address of	Principal Office)
3. If limited liability company is a manager-managed co	ompany, check here
9. The name and usual business addresses of the manag	ing members or managers are as follows:
PRESIDENT =OWNER 100%	
LUIS UMANA-WILLIAMS; 18556 S.W. 41	ST MIRAMAR FL 33029
EUIS UMAINA-WILLIAMS, 10000 3.W. 411	OT., WIII CAMARTE 33023
0. Attached is an original certificate of existence, no more than 90 day	sold, duly authenticated by the official having custody of records in
he jurisdiction under the law of which it is organized. (A photocopy is	
ranslation of the certificate under oath of the translator must be submitt	•
1. Nature of business or purposes to be conducted or p	romoted in Florida:
US GOVERNMENT CONSULTING & SER	VICES .
	· 
Signature of a member or an author	•
(In accordance with section 608.408(3), F.S., the execution	
penalties of perjury that the facts stated herein are true. I document to the Department of State constitutes a	I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)
LUIS UMANA-WILLIAMS	

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:
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#### **UMANA BUSINESS CONSULTANTS**

If unavailable, the alternate to be used in the state of Florida is:

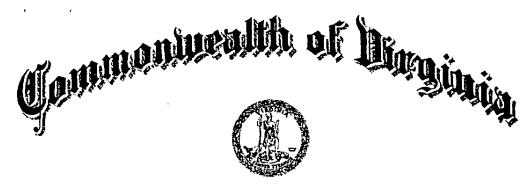
#### MARSHA REINIG UMANA

2. The name and the Florida street address of the registered agent and office are:

LUIS UMANA-WILLIA	MS	<b>三</b>
	(Name)	THE THE
18556 SW 41ST Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	ILEU NSSEE, FI
MIRAMAR	FL 33029	ORIDA

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.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



### STATE CORPORATION COMMISSION

Richmond, January 19, 2011

This is to certify that the certificate of organization of

#### UMANA BUSINESS CONSULTANTS LLC

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: January 19, 2011



State Corporation Commission Attest:

Clerk of the Commission