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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PłCK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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D. BRUCE
SEP 11 2012
EXAMINER



ION SERVICE COMPANY					
ACCOUNT N	0. :	12000000	195		
REFEREN	CE :	310939	7900047		
AUTHORIZATI	ON :	Smel	Edenan		
COST LIM	IT :	\$ 125.00			_
ORDER DATE : 09-10-12					
ORDER TIME : 10:09 AM					
ORDER NO. : 310939-001					
CUSTOMER NO: 7900047					
				SECR TALLA	12 SEP
FOREIG	N FILI	<u>.NGS</u>		出版	
NAME: RAZA 1 INV	ESTMEN	ITS, LLC		RY OF STAIC SSEEL FLOOIDA	0 AM 9: 50
XXXX QUALIFICATION (TYPE	: <u>LL</u>)				
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FILE	ING:		
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD	STAND	PING			
CONTACT PERSON: Carina L.	Dunlap	EXT# 29	951		
		EXAMINER: _			

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:

1. RAZA I INVESTMENTS, LLC (Name of Foreign Limited Liability Company; must in	neluda	"I imited Liability Company ""I I C " or "I I	- 777	
(Name of Poreign Emmed Engineer Company, must in	menuaç	Emilied Liability Company, L.E.C., or LEC	J	
(If name unavailable, enter alternate name adopted for the pu consent of the managers or managing members adopting the Company,""L.L.C," "LLC.")	urpose o	of transacting business in Florida and attach a copte name. The alternate name must include "Limit	y of the v	ATitten ty
2. Indiana	3			
(Jurisdiction under the law of which foreign limited liabilic company is organized)	ity -	(FEI number, if applicable)		
4. 10/12/2011	5. ¹	Perpetual		
(Date of Organization)	•	(Duration: Year limited liability company will c exist or "perpetual")	ease to	
6			77	
(Date first transacted business in (See sections 608.501 & 608.502	n Florid F.S. to	a, if prior to registration.) determine penalty liability)	BECR LLLA	12 SEP
7. 3802 Knickerbocker Place, Apartment 2T			# <u>#</u>	, O
Indianapolis, IN 46240			388	0
	ress of l	rincipal Office)		
8. If limited liability company is a manager-managed company, check here				
9. The name and usual business addresses of the m	nanagi	ng members or managers are as follows:	Del Del	50
Ram Allouche			·	
3802 Knickerbocker Placa, Apt 2T,	Ind	ianapolis, IN 46240		
10. Attached is an original certificate of existence, no more than				ords in
the jurisdiction under the law of which it is organized. (A photo translation of the certificate under oath of the translator must be s			uage, a	
11. Nature of business or purposes to be conducted	d or p	omoted in Florida: Real Estate		
Λ				
Signature of a member or an	n autho	orized representative of a member.		
penalties of perjury that the facts stated herein ar	ire true. I itutes a t	in of this document constitutes an affirmation under the am aware that any false information submitted in third degree felony as provided for in s.817.155,	па	
Typed or prin	nted na	ame of signee		

APPROVE

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.

If unavailable, the al	ternate to be used in	the state of Florida is:	12 SEC
2. The name and the	Florida street addre	ess of the registered agent and office are:	SEP 10 CRETARY LIAHASS
Соп	ooration Service Cor	mpany	Mg E D'E
<u></u>		(Name)	
1201	Hays Street		
	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
Tal	lahassee	FL 32301	
		City/State/Zip	
liability company at I agent and agree to ac relating to the proper obligations of my pos	he place designated et in this capacity. I e and complete perfo	nd to accept service of process for the above stated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all s rmance of my duties, and I am familiar with and acgent as provided for in Chapter 608, Florida Statuspany	t as registered statutes ccept the

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

By:

Carina L. Dunlap Asst. Vice President

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

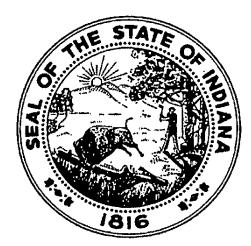
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

RAZA 1 INVESTMENTS LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 12, 2011, and was in existence or authorized to transact business in the State of Indiana on September 05, 2012.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of September, 2012.

Connie Lawson, Secretary of State

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