| (Requestor's Name)   |  |  |  |
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| (Address)  |  |  |  |
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| (Address)  |  |  |  |
|  |  |  |  |
| (City/State/Zip/Phone #)   |  |  |  |
| PICK-UP WAIT MAIL  |  |  |  |
|  |  |  |  |
| (Business Entity Name)   |  |  |  |
|  |  |  |  |
| (Document Number)  |  |  |  |
|  |  |  |  |
| Certified Copies Certificates of Status  |  |  |  |
|  |  |  |  |
| Special Instructions to Filing Officer:  |  |  |  |
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## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10-01-2012

NAME:

COMPATIBLE PRODUCTS, LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT

**BUSINESS IN FLORIDA** 

COST:

\$125

**RETURN:** 

ACCOUNT: FCA000000015

**AUTHORIZATION: ABBIE/PAUL HO** 

#### **COVER LETTER**

TO:

Registration Section

| Division of Corporations  |   |  |  |
|---|---|--|--|
| SUBJECT: Compatible Products L  | LC  |  |  |
|   | ne of Limited Liability Company   |  |  |
|   | ility Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida |  |  |
| Please return all correspondence concerning this mat  | tter to the following:  |  |  |
| Donald Fallon   |   |  |  |
|   | Name of Person  |  |  |
|   |   |  |  |
| Firm/Company  |   |  |  |
|   |   |  |  |
|   | Address   |  |  |
|   | •   |  |  |
| City/State and Zip Code   |   |  |  |
| congrad@hallsouth no  | •   |  |  |
| ccpprod@bellsouth.net  E-mail address: (to be used for future annual report notification)           |   |  |  |
| For further information concerning this matter, please  | e call:   |  |  |
|   |   |  |  |
| Donald Fallon   | at ()   |  |  |
| Name of Person  | Area Code & Daytime Telephone Number  |  |  |
| MAILING ADDRESS:  | STREET ADDRESS:   |  |  |
| Division of Corporations Registration Section   | Division of Corporations  |  |  |
| 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 amoun \$125.00 Filing Fee \$\infty\$\$\$\$\$130.00 Filing Fee |   |  |  |
| Certificate of Statu  | Certified Copy of Status & Certified Copy   |  |  |

### 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. | Compatible Products LLC  |    |  |
|----|--|----|--|
|    | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |    |  |
| cc | f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")  | en |  |
| 2, | Delaware 3.  |    |  |
|    | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   |    |  |
| 4. | 12/29/2011 5, Perpetual  |    |  |
|    | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")   |    |  |
| 5. | N/A  |    |  |
|    | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |    |  |
| 7. | 2600 NW 19th Street  |    |  |
|    | Pompano Beach, FL 33069  |    |  |
|    | (Street Address of Principal Office)   |    |  |
| 3. | If limited liability company is a manager-managed company, check here  |    |  |
| ). | The name and usual business addresses of the managing members or managers are as follows:  |    |  |
|    | Donald Fallon  |    |  |
|    | 2600 NW 19th Street  |    |  |
|    |  |    |  |
|    | Pompano Beach, FL 33069  |    |  |
| æ  | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under eath of the translator must be submitted.)  | n  |  |
| 1  | . Nature of business or purposes to be conducted or promoted in Florida: web design  |    |  |
|    |  |    |  |
|    | Level Talle  |    |  |
|    | 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 special penalties of perjury that the facts stated herein are true. I am aware that any false information submitted and special penalties of perjury that the facts stated herein are true. I am aware that any false information submitted and special penalties of perjury that the facts stated herein are true.  | ·  |  |
|    | document to the Department of State constitutes a third degree felony as provided for in s.817.155 P.S   | -  |  |
|    | and the second of the second o | •  |  |

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:            |                             |  |  |  |
|---|-----------------------------|--|--|--|
| Compatible Products LLC                                     |                             |  |  |  |
| If unavailable, the alternate to be used in the state of Fl | orida is:                   |  |  |  |
| 2. The name and the Florida street address of the regis     | tered agent and office are: |  |  |  |
| Florida Filing & Search Services,                           | nc                          |  |  |  |
| (Name)  |                             |  |  |  |
| 155 Office Plaza Drive, Suite A                             | <b>\</b>                    |  |  |  |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)            |                             |  |  |  |
| Tallahassee FL  | 32301                       |  |  |  |
| City/Stat   | e/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)

PAGE 1

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPATIBLE PRODUCTS 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 FIRST DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COMPATIBLE PRODUCTS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2011.

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

5088167 8300

121085532



AUTHENTICATION BERALISE

DATE: 10-01-12