# M12000006024

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE

OCT 2 6 2012 T. HAMPTON

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: Seven Angels, LLC	
	Limited Liability Company
The enclosed "Application by Foreign Limited Liability C Existence, and check are submitted to register the above re	company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to	the following:
Valerie J Prest, Attorney at La	aw
	Name of Person
Registered Agent, Seven Ange	
registered Agent, Seven Ange	Firm/Company
3640-B3 N. Federal Highway	y.#158
	Address
Lighthouse Point, FL 33064	
City	/State and Zip Code
prestv@prestlaw.com E-mail address: (to be use the further information concerning this matter, please calls	sed for future annual report notification)
Valerie J. Prest, Esq.	at (954 ) 480-2996
	rea Code & Daytime Telephone Number
Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  Division of Corporations  Registration Section  Registration Section  Registration Section  Registration Section  Registration Section  Registration Section Sec	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301
Enclosed is a check for the following amount:  \$\begin{align*} \pm	S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy  WHEN READY,  PLEASE CALL &  FAX COFY TO  VALERIE J. FREST ESQ,  (954) 480-2648 FAX

### 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. Seven Angels, LLC  (Name of Foreign Limited Liability Company; must 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L Company," "L.L.C," "LLC.")	
2. State of Delaware, U.S.A.  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 27-0160241  (FEI number, if applicable)	
4. May 11, 2009  (Date of Organization)  5. perpetual  (Duration: Year limited liability company will cease exist or "perpetual")	to
6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 201 S. Lakeside Drive #11	Div.
Lake Worth, FL 33460 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:  Merwyn F. Fernandes, Managing Member	SCAL STATE
201 S. Lakeside Drive, Unit 5  Lake Worth, FL 33460	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language 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:	<del></del> '
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.)  Merwyn F. Fernandes. Managing Member	ı

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:  Seven Angels, LLC		
If unavailable, the alternate to be used in t	the state of Florida is:	
The name and the Florida street address	ss of the registered agent and office are:	
Valerie J Prest, Attorn	ey at Law	
	(Name)	
3640-B3 N. Federal	Highway #158	
Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
Lighthouse Point	<sub>FL</sub> 33064	
	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)

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SEVEN ANGELS, 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 ELEVENTH DAY OF OCTOBER, A.D. 2012.

4685693 8300

121119381

AUTHENTY CATION: 9910639

DATE: 10-11-12

You may verify this certificate online at corp.delaware.gov/authver.shtml