M12000006821

(Requestor's Name)					
(Address)					
(Address)					
· (C	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name	е)			
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					
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12/07/12--01002--003 **125.00

TO ACKNUTLEDGE
SUFFICIENCY OF FILING

THE CELA CANALLAND TO A STATE OF STATE

DIZDEC -7 AMII: O

J. BRYAN

DEC 1 0 2012

EXAMINER

CORPORATE ACCESS,

"When you need ACCESS to the world"

INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

	PICK UP:	12-6-12	
	CERTIFIED COPY		
*	РНОТОСОРУ		
	CUS		
×	FILING	LLC	
1.	ISALADAY LLC (CORPORATE NAME AND DOCUMENT#)		FILED 2012 DEC -7 AM 11: 00 SECRETARY OF STATI TALLAHASSEE. FLORI
2.	(CORPORATE NAME AND DOCUMENT #)		I: 00
3.	(CORPORATE NAME AND DOCUMENT #)		
4	(CORPORATE NAME AND DOCUMENT #)		
<i>5</i>	(CORPORATE NAME AND DOCUMENT #)		
6.	(CORPORATE NAME AND DOCUMENT #)		
	INSTRUCTIONS:		

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.	1SALEADAY L.L.C.
••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ÇOI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written is nest of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C.," "LLC.")
	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	11/16/2011 5 Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6	Upon Filling
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	5960 Miami Lakes Dr East
	Hialeah, FL 33014 (Street Address of Principal Office)
	(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:
	Octagon Commerce LLC - Member - 5960 Miami Lakes Dr East Hialeah, FL 33014
thej	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in unider the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: Sales of Online Consumer
(Goods
	12-4-12
	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.)
	Benyamin Federman on behalf of Octagon Commerce LLC, Member

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 Com	pany is:	
1SALEADAY L.L.C.		
If name unavailable, the alternate name to	be used in the state of Florida is:	TAEC T
2. The name and the Florida street address	of the registered agent and office	AHASSEE
Eli Federman		
	(Name)	TATE ORIO
10185 Collins Ave Apt 811		,
Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	·
Miami Beach	FL 33154	
	City/State/Zip	
Having been named as registered agent and a liability company at the place designated in the agent and agree to act in this capacity. I furt relating to the proper and complete performation of my position as registered agent (Signature)	this certificate, I hereby accept the a ther agree to comply with the provis ance of my duties, and I am familiar	ppointment as registered ions of all statutes with and accept the
\$ 100.00		
2 100.00	Filing Fee for Application	

\$ 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 "ISALEADAY L.L.C." 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 THIRD DAY OF DECEMBER, A.D. 2012.

5093184 8300

121289490

AUTHENTICATION: 0030264

DATE: 12-03-12