M13000000960

(Requ	uestor's Name)		
(Addre	ess)		
(Addre	ess)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
Mal	hOla		

Office Use Only



500241903945

13 FEB 13 PM 1: 46 2013 FEB 13 AM 8: 32

J. SAULSBERRY EXAMINER

FEB 1 4 2013



ACCOUNT NO. : 12000000195		
REFERENCE : 530381 4303929		
AUTHORIZATION: Spulsele man		
COST LIMIT : \$ 155.00		
ORDER DATE : February 13, 2013		
ORDER TIME : 9:37 AM		
ORDER NO. : 530381-005		
CUSTOMER NO: 4303929		
FOREIGN FILINGS NAME: RESEARCH GUIDANCE LLC	2013	
XXXX QUALIFICATION (TYPE: LL)	FEB 13	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	AM 8	
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	BI 32	
CONTACT PERSON: Carina L. Dunlap EXT# 52951		
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: Research Guidance 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 the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware 46-1976935 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) February 1, 2013 Perpetual. (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") Upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 1699 S Federal Highway, Suite 200 Boca Raton, FL 33432 (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: Robert Bok - Manager 456 E Coconut Palm Road, Boca Raton, FL :33432 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a 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: Any and all business allowed under Florida law Signature of a member or an authorized representative of a member. (In accordance with section 603.408(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.) Robert Bok - Manager

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608,415 of 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 alternate to be used in the state of Florida is:				
2. The name	ne and the Florida street address of the registered ag	gent and office are:		
	Corporation Service Compar	ny		
	(Name)			
;	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee			
	City/State/Zip			
liability com registered as statutes relai	n named as registered agent and to accept service of inpany at the place designated in this certificate, I he agent and agree to act in this capacity. I further agreating to the proper and complete performance of my obligations of my position as registered agent as pro-	reby accept the appointment as significant of all eet to comply with the provisions of all duties, and I am familiar with and		
	By: Corporation Service Company (Signature)	Carina L. Dunlap Asst. Vice President		
	\$ 100.00 Filing Fee for A \$ 25.00 Designation of I \$ 30.00 Certified Copy	Registered Agent		

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE I

The First State

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

DELAWARE, DO HEREBY CERTIFY "RESEARCH GUIDANCE 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 THIRTEENTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RESEARCH GUIDANCE LLC" WAS FORMED ON THE FIRST DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2013 FEB 13 AM 8: 32

5283053 8300

130165953

peffrey W Bullock, Secretary of State AUTHENTY CATION: 0212633

DATE: 02-13-13

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