# M13000002029

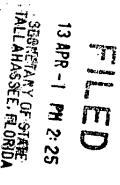
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### FLORIDA FILING & SEARCH SERVICES, INC.

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:

4/1/13

NAME:

SAKPAN LLC

TYPE OF FILING: QUALIFICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION:** 

ABBIE/PAUL HÓDG

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SAKPAN LLC	nited Liability Company
The enclosed "Application by Foreign Limited Liability Con	npany for Authorization to Transact Business in Florida Certificate of
Existence, and check are submitted to register the above refe	3 3 V
Please return all correspondence concerning this matter to th	e tottownig.
Capitol Services Corporate Fili	ngs Team anne of Person
	•
Capitol Services, Inc.	irm/Company
1218 Central Avenue, Suite 10	00
	Address
Albany, NY 12205	·
City/S	State and Zip Code
meweisherge meweish	important: The semial address:  d for future annual report notification)  cutilized for future
For further information concerning this matter, please call:	ANNUAL REPORT
Barbara Kaulfuss	at ( 800 ) 662-0171
Name of Person Are	ea Code & Daytime Telephone Number
Division of Corporations  Registration Section  P.O. Box 6327  Cliftor  Tallahassee, FL 32314  Cliftor	ET ADDRESS: on of Corporations ration Section in Building Executive Center Circle cassee, FL 32301
Enclosed is a check for the following amount:  \$\int\\$	7\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
(Name of Foreign Mimited 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.")		
2. Set wate.  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)		
4. June 37, 2006  (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")		
6. January 2013 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)		
7. % M.E. Weishing		
18 Rackhalige Rd. Rye New York 10580 mg		
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:		
Ma. Ana Margarila Wobern		
6355 N.W. 36K Street Suite 310		
Virginia Gardens FL 33166		
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: Purposes		
permitted by Startule		
Signature of a member or an authorized representative of a member.		
Signafure 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.)		
Markin Eric Weisberg Typed or printed name of signee		
Types of printed figure of algue		

# 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:
	Sakpan LLC
	Iternate to be used in the state of Florida is:
2. The name and th	e Florida street address of the registered agent and office are:
Са	oitol Corporate Services, Inc.
	(Name)
15	5 Office Plaza Dr Ste A
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Ta	llahassee F4, 32301
	City/State/Zip
liability company at agent and agree to a relating to the prope obligations of my po	as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered at this capacity. I further agree to comply with the provisions of all statutes rand complete performance of my duties, and I am familiar with and accept the sition as registered agent as provided for in Chapter 608, Florida Statutes.
Ba	Barbara A. Kaulfuss, Assistant Secretary on behalf of Capitol Corporate Services, Inc.  (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 "SAKPAN 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 APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAKPAN LLC"
WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2006.

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

4182231 8300

130377823

AUTHENTICATION: 0324187

DATE: 04-01-13

Jeffrey W. Bullock, Secretary of State

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