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SECRETARY OF STATE

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#### COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Cygnus, LLC Name of Limited Liability Company	_	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."		
Please return all correspondence concerning this matter to the following:		
Pamela P. Swan  Name of Person		
Name of Person		
Cygnus, LLC Firm/Company		
Firm/Company		
2519 Wildwood Drive	20	
Address	=	
Montaguery Alabana 36111	- &	
Darweld Sugan (63 @ awall.com  E-mail address: (to be used for future annual report notification)	04 II KW	
For further information concerning this matter, please call:	_	
Pamela Swan at (334) 832-4930  Name of Contact Person Area Code Daytime Telephone Number	_	
MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount:  \$\Boxed{1} \\$125.00 \text{ Filing Fee} \\$ \$\\$130.00 \text{ Filing Fee} \\$ \$\\$Certificate of Status \\$ Certified Copy  of Status \\$ Certified		te

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreigh 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Street Address of Principal Office) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 8. 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) Signature of an authorized person (In accordance with section 605.0203, 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.)

Typed or printed name of signee

Jim Bennett Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Cygnus, LLC was formed in Montgomery County, Alabama on September 2, 2008. The Alabama Entity Identification number for this entity is 424-537. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20140117000023064

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

1/17/2014

Date

di sun

Jim Bennett

**Secretary of State** 

#### REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:	
Cygnus, LLC	7014 T
If unavailable, the alternate to be used in the state of Florida is:	
Cygnus PCB, UC	SERVICE TO
2. The name and the Florida street address of the registered agent and offi	i com the second
THOMAS J. RISALNATO II	TF-
(Name)	186
do Axroe Mountainent, Inc 6905 THOM	110 DR P.C.B. FL 32409
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
FL	
City/State/Zip	
Having been named as registered agent and to accept service of process for liability company at the place designated in this certificate, I hereby accept registered agent and agree to act in this capacity. I further agree to comply statutes relating to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Statutes.	the appointment as with the provisions of all am familiar with and

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

8 30.00 Certified Copy (optional)

8 5.00 Certificate of Status (optional)