

M1400000/775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

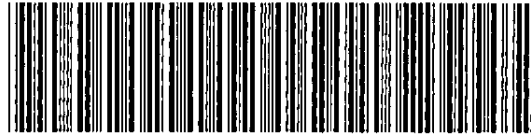
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MAR 18 2014

A. LUNT

Office Use Only



500256939095

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 17 AM 11:53

RECEIVED
DEPARTMENT OF STATE

14 MAR 17 PM 4:26



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 046408 7746475

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : March 10, 2014

ORDER TIME : 2:13 PM

ORDER NO. : 046408-015

CUSTOMER NO: 7746475

FILED
2014 MAR 17 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: FLUIDITY MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. FLUIDITY MANAGEMENT, 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 870 NORTH MIRAMAR AVENUE #237

INDIALANTIC, FL 32903

(Street Address of Principal Office)

6. 870 NORTH MIRAMAR AVENUE #237

INDIALANTIC, FL 32903

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MICHELLE AUSTIN - MANAGING MEMBER

870 North Miramar Ave #237, Indialantic, FL 32903

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.)

MICHELLE AUSTIN

Typed or printed name of signee

2014 MAR 17 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF DESIGNATION OF
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:

FLUIDITY MANAGEMENT, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

MICHELLE AUSTIN

(Name)

870 NORTH MIRAMAR AVENUE #237

Florida Street Address (P.O. Box NOT ACCEPTABLE)

INDIALANTIC

32903

FL

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 17 AM 11:50

FILED

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 605, Florida Statutes.

By:



(Signature)

MICHELLE AUSTIN

\$ 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 "FLUIDITY MANAGEMENT, 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 SEVENTEENTH DAY OF MARCH, A.D. 2014.

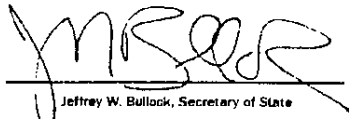
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLUIDITY MANAGEMENT, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2014.

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



5495170 8300

140338962


Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 1212119

DATE: 03-17-14
140338962