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CORPORATION SERVICE COMPANY

ACCOUNT	$NI \cap$	T20000000195	:

REFERENCE : 376482

AUTHORIZATION : AMELO E

COST LIMIT : \$ 125.00

ORDER DATE: November 13, 2014

ORDER TIME : 10:0 AM

ORDER NO. : 376482-005

CUSTOMER NO: 5039767

FOREIGN FILINGS

NAME: RAVAGO LMT USA 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: Courtney Williams -- EXT# 62935

EXAMINER:



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2014

CSC COURTNEY WILLIAMS

SUBJECT: RAVAGO LMT USA LLC

Ref. Number: W14000069078

please file first *

RESUBMIT

Please give original submission date as file date.

We have received your document for RAVAGO LMT USA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 814A00024333



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:

1. RAVAGO L	MT USA LLC				
(Name o	of Foreign Limited Liability Comp	any; must include "Limited Liabi	lity Company," "L.L.C.," or "L	.LC.")	
(If name unavailable, o	enter alternate name adopted for th	e purpose of transacting business	in Florida. The alternate name	must include "Limited	
, Delaware		3.			
(Jurisdiction under to company is organized)	the law of which foreign limited lizzed)	ability	(FEI number, if applicable	•)	
4					
	(Date first transact) (See sections 605.090)	ed business in Florida, if prior to 4 & 605.0905, F.S. to determine	registration.) penalty liability)	700 2	
_{5.} 1900 Sur	mmit Tower Blvd.	, Suite 900			-y-1
Orlando,	FL 32810			N II	
_{6.} 1900 Sun	nmit Tower Blvd.	Street Address of Principal Office , Suite 900	:)	ee, Fill	ED
Orlando	FL	32810) 59 ATE MID!	
		(Mailing Address)		<u> </u>	
7. The name, tit	le or capacity and address	of the person(s) who has	have authority to mana	age is/are:	
Jim Duffy, Pr	resident 1900 Sum	mit Tower Blvd., St	uite 900, Orlando,	FL 32810	
Ronald Nardo	zzi, Treasurer 1900	Summit Tower Blvd.,	Suite 900, Orlando	, FL 32810	
John Provost	, Secretary 1900 Su	ımmit Tower Blvd., S	Suite 900, Orlando.	, FL 32810	
having custody of acceptable. If the must be submitted (In accordance with section	on 605,0203, F.S., the execution of this offermation submitted in a document to	n under the law of which language, a translation of language, a translation of mature of an authorized per document constitutes an affirmation the Department of State constitutes a	it is organized. (A phot the certificate under oa the certificate under oa erson under the penalties of perjury that third degree felony as provided for	tocopy is not at the of the translato	r
	1 ypec	d or printed name of signs	e e		

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 RAVAGO LMT	of the Limited Liability C USA LLC	ompany is:	
If unavailable,	, the alternate to be used i	n the state of Florida is:	
2. The name a	and the Florida street add	ress of the registered agent and office are:	
	Corporation Service Con	npany	
		(Name)	TALLANI
	1201 Hays Street		三夏夏
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		鑑手加
	Taliahassee	32301 FL	E S S S S S S S S S S S S S S S S S S S
		City/State/Zip	9: 59 ORIOA

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.

Corporation	n Servic	е Сотралу	
Ву:	M	June Harrie	
	1.1	(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 "RAVAGO LMT USA 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 NOVEMBER, A.D. 2014.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RAVAGO LMT USA LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2014.

5610692 8300

141407956

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 1863552

DATE: 11-13-14

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