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Juan F. L Requi	opez - Santini.	·	-		
Sunrise City/State/Zip	130th Terrace Address L 33323 Phone #	000002913170——3 -06/23/99—01054—010 ****285.00 ****285.08 Office Use Only			
CORPORATION NA	ME(S) & DOCUMENT NUM	BER(S), (if known):			
1. QLOL (Corpora	LLC tion Name) (Dox	cument #)			
2. (Corpora	ion Name) (Doc	cument #)			
3.	ion Name) (Doc	-			
(Corpora	(Dox	cument #)			
4. (Corpora	ion Name) (Doc	cument #)	· ·		
Mail out	Pick up time Will wait Photocopy	Certified Copy Certificate of Status	nV系统工作以 99 JUN 23		
NEW FILINGS	AMENDMENTS				
Profit	Amendment		8: 3 <u>1</u>		
NonProfit	Resignation of R.A., Officer/Direct	or	5		
Limited Liability	Change of Registered Agent		· ata		
Domestication	Dissolution/Withdrawal		grow		
Other	Merger		6/28		
OTHER FILINGS Annual Report	REGISTRATION - QUALIFICATION -				
Fictitious Name	Foreign				
Name Reservation	Limited Partnership				
	Reinstatement				
	Trademark				
	Other				

Examiner's Initials

NE

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:

1.		L, LLC					
	(Name of fore so contained	ign limited liability company mus in the name at present.)	t end with the	WOR	ds "limited company" or their abbreviat	ion "LC" if:	not
2.	,	necticut	•	3.	06-154-2149		
(Jurisdiction under the law of which foreign lin company is organized)		ited liability	·· _	(FEI number, if applicable)		
4.	. Janı	uary 12, 1999 (Date of Organization)		5	2019 (Duration: Year limited liability compa		
		(Company)			exist or "perpetual")	my will cease	το
6.	June	1, 1999					
		(Date first transacted business in	n Florida. (Se	e sec	ctions 608.501, 608.502, and 817.155, F	.S.)	
7.	6 W	ilson Ridge East				(D)	Ş
	Dari	fen, Connecticut				ف	<u> </u>
			Otrope address	F	xincipal office)	=======================================	
			Succe address	or I	rincipal office)	23	
8.	List name, ti	itle, and business address of	each manag	ging	member[MGRM] or manager[M	GRIwho	
	will manage	the foreign limited liability	company in	Flo	orida: (attach additional page if ne	cessary	9
	N	AME & ADDRESS:	COLOUR TO		3713677 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ယ	<u> </u>
	IN.	ame & address:	TITLE:		NAME & ADDRESS:	TITEE:	77
		Juan E. Lopez-Santini	MGRM				
		1019 NW 130th Terrace	•		<u></u>		
		Sunrise, FL 33323					. - .
	-				, . *****		
			•				
		·					
			,		-	-	-
			•				J.

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member ofQLDL, LI	<u>.c</u>
certifies:	- -
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	not less than \$1,000.00;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.) Signature of a member or an authorized representative of a mem (In apportance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	SECRETARY OF STATES
Clifton Lewis, Managing Member	
Typed or printed name of signed	

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECRION 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:

QLDL, LLC

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

Juan E. López-Santini

NAME

1019 NW 130th Terrace

(FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)

JUN 23 AM 8: 3

Sunrise, FL 33323

CITY, STATE AND ZIP

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.

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

QLDL, LLC

is in existence.

Secretary of the State

Date Issued: June 14, 1999

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